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COMMISSION OF INQUIRY  
INTO THE  
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE  
SUR L'USAGE DES DROGUES  
A DES FINS NON MEDICALES

November 8, 1969  
Queen Elizabeth Hotel,  
MONTREAL, Quebec.

(English)







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A DES FINS NON MEDICALES

BEFORE:

Gerald LeDain, Chairman,  
Marie-Andree Bertrand, Member,  
Ian Campbell, Member,  
H. E. Lehmann, M.D., Member,  
J. Peter Stein, Member,  
James J. Moore, Executive Secretary.

COUNSEL:

J. Bowlby, Q.C., Counsel for the Commission.

RESEARCH:

Dr. Ralph Miller,  
Dr. Charles Farmilo.

SECRETARY TO THE CHAIRMAN:

Vivian Luscombe.

November 8, 1969  
Queen Elizabeth Hotel  
MONTREAL, Quebec





1 ---Upon commencing at 9:15 a.m.

2 THE CHAIRMAN: Ladies and  
3 gentlemen, I call this Hearing of the Commission  
4 of Inquiry into the non-medical use of drugs to order.

5 I started a little late this  
6 morning because of the weather, but we have a very  
7 full program, and I believe we should proceed.

8 At the beginning of the Hearings  
9 in Montreal, I read a rather long statement  
10 concerning the appointment of the Commission, the  
11 background, considerations which led to its  
12 appointment, terms of reference. I will be  
13 brief for today. First I will introduce members  
14 of the Commission and the staff who are present.  
15 On my far right, Dean Ian Campbell of Montreal,  
16 on my immediate right, Dr. Heinz Lehmann of Montreal;  
17 I am Gerald LeDain. On my left, James Moore,  
18 Executive Secretary of the Commission and the  
19 place I presume here to be occupied is for Professor  
20 Marie Andree Bertrand of Montreal; on my far  
21 left, Mr. J. Peter Stein of Vancouver. At the  
22 table on the left, Mr. John Bowlby, Q.C., our  
23 legal counsel and Dr. Ralph Miller, our research  
24 associate and Dr. Charles Farmilo, who is  
25 observing our hearings here and Mrs. Vivian Luscombe,  
26 my secretary on the Commission.

27 Our public hearings are only one  
28 method of our inquiry. We have seen people  
29 individually and in small groups, taken evidence  
30 privately and anonymously, consulted experts and





1 doing a lot of reading of course, but we feel  
2 our public hearings are very important to give  
3 us an idea of the whole phenomena, the opinions  
4 and attitudes of Canadians and their opinions for  
5 solutions and we desire to stimulate public  
6 discussion and we wish people to feel free to  
7 come forward with their views. It is not  
8 necessary to make formal submissions. We  
9 welcome informal, oral submissions, general  
10 discussion, comment on presentations before us.

11 We have given some  
12 thought to our priorities, and I should perhaps  
13 say something about that.

14 The Commission has established  
15 preliminary  
16 a/classification of psychoactive drugs according  
17 to the following categories: hypnotic-sedatives, stimulants, psychedelic-  
18 hallucinogenics,  
19 opiates, narcotics, and gases,  
20 volatile solvents/ analgesics,  
21 clinical anti-depressants  
22 and major tranquilizers. The Commission will  
23 discuss many of the following categories,  
24 hallucinogenics, psychedelic, including cannabis  
25 marijuana and hashish, LSD and mescaline,  
26 stimulants including the amphetamines like  
27 benzedrine, and methedrine called Speed, the  
28 gas solvents, like glue and solvents for paint.  
29 And fourthly; barbiturates and other narcotics  
30 used like sleeping pills and methyl alcohol.  
And the opiates like heroin. Alcohol and  
nicotine are included in the drugs that could  
modify the personality and use in -- for non-





1 medical purposes, so they are also included  
2 in our mandate, but this Commission will not be  
3 able to do its work if it has to go on over all  
4 of the research that has been done over the  
5 substances. In a more realistic way the  
6 Commission will consider the non-medical use of  
7 alcohol and nicotine with the non-medical use  
8 of all of the psychotropic drugs. It will also  
9 open up the same point of view, at least at  
10 the beginning of our Commission, as far as the  
11 non-medical use of opiates, like heroin, is  
12 concerned. These drugs are not excluded from  
13 our mandate because they are psychotropic drugs,  
14 but like alcohol and nicotine the Commission  
15 cannot take into account all that has been written  
16 on that subject. The hard drugs then will be  
17 discussed with the medical report of the non-medical  
18 use of soft drugs. We will explain what we  
19 mean by the non-medical use of soft drugs.

20 The controversial subject is  
21 that the very popular use of alcohol in our  
22 society, not only creates a tolerance towards  
23 drugs, but also reflects an obvious injustice  
24 and a hypocrisy in our way of legislating and  
25 applying the laws and enforcing the laws. The  
26 use of soft drugs, like cannabis and marijuana  
27 leads often, if not generally, to toxicomania.

28 Now, I call upon Dr. Lee Robins,  
29 Professor of Sociology in Psychiatry for the  
30 Department of Psychiatry at Washington University,





1 St. Louis, who has conducted a study on the  
2 long-range effects of marijuana. And I understand  
3 she is going to testify this morning on that study.  
4 She is an internationally known authority in  
5 are of psychiatry, and we are  
6 grateful for her to come this distance. Dr. Robins.

7 DR. ROBINS: Thank you. The  
8 study I am going to talk about this morning  
9 is first --

10 THE CHAIRMAN: Could you speak  
11 a little more closely to the microphone, Dr. Robins?  
12 Thank you.

13 DR. ROBINS: The study I am  
14 going to talk about this morning is the first,  
15 as far as I know, that has followed a normal group  
16 of marijuana users for many years. Most  
17 existing studies have either been of patients, who  
18 by definition have gotten into trouble through  
19 drug use or they wouldn't be patients in the  
20 first place, or experimental subjects who are  
21 using drugs in a very atypical situation, that  
22 is, they are doing it for science in a laboratory,  
23 and then only briefly. This is a useful  
24 technique for studying the immediate effects  
25 of drugs, but not for studying long-range effects.  
26 The long term changes in one's life style may  
27 matter much more in terms of what is important  
28 to a human being than readily measurable  
29 immediate changes, things like pulse rate or  
30 even hallucinations.





Neither studies of patients who manifestly are having difficulty and therefore are not in any sense a random sample of people who use drugs nor of experimental subjects can answer two important questions: One, in the long run, do users show differences from non-users, and are these differences to their advantage or disadvantage? And second, if users turn out to show some difficulties, how should we interpret this finding? Is it just that when an activity is illegal only those slated for trouble anyhow will use the drug and perhaps it is some personality factor and not the drug itself which accounts for the difficulty.

Why only do patients and experimental subjects not allow us to answer these questions, but even a study of youth now suddenly caught up in marijuana use won't do, because it is a relatively new phenomena in middle-class white society. Most marijuana users are still young, and even if they, at the moment, are turning on and dropping out, that doesn't tell us whether or not they are going to be different from the rest of the society in a few years. So it is not practical at this point to study white middle-class Canadians and Americans to see what the long-term effects of drug use might be. There is, however, one group available, which permits long-term study. This is the population that is in the United States of





1 young, urban Negroes. Marijuana use has been  
2 widespread in urban ghettos for many years now.

3 It became extremely popular right  
4 after World War II and there is now a group of  
5 fully adult Negro men who have had continuous  
6 access to marijuana and to other drugs for many  
7 years. In the course of a study of childhood  
8 factors, as related to adult outcome, we studied  
9 a sample of Negro men whose names had been  
10 selected from elementary school records when  
11 they first entered elementary school. We  
12 picked 235 names. At approximately the age of  
13 33, 221 of them were interviewed, that's 94%  
14 of the total group that we selected, and 2 who  
15 had died, a relative was interviewed. They  
16 were asked many questions about their childhoods  
17 and their adult lives, many questions besides  
18 drug use, but they were also asked about their  
19 use of four kinds of drugs, about marijuana,  
20 opiates, amphetamines and barbiturates. In  
21 addition to the interviews many records were  
22 searched for them, including Police records,  
23 hospital records, military service records, and  
24 the Federal Bureau of Narcotics.

25 Since these men had been chosen  
26 on the basis of school records, started when they  
27 entered school at age 6, they were completely  
28 unselected in terms of later drug use, that is,  
29 we were not picking known users, we knew nothing  
30 at the time of selection about what their adult





1 lives or their present lives might be. In  
2 interview in their 30's, half of the young men  
3 that we selected reported having used drugs at  
4 some time, and almost all who reported having  
5 used any drug, reported having used marijuana.  
6 This was typically the first drug used, if they  
7 used more than one. But many had used only  
8 marijuana, that is, half of those who had used  
9 marijuana said they had never subsequently or  
10 prior to the use of marijuana used any other  
11 drug. So that we have a group who used  
12 marijuana and nothing else. And this is the  
13 group that I think is probably most comparable  
14 to the group who are now using marijuana.

15 You have to realize that these  
16 people were young at a different time, they were  
17 adolescent in the -- shortly after World War II,  
18 in the late 40's. At that point, marijuana  
19 was readily acceptable to them, as was heroin,  
20 but the amphetamines came a little later, and  
21 when they-- even when they used amphetamines  
22 they were using dexedrine primarily. Methedrine,  
23 for instance, had not become popular, LSD had  
24 not become popular, glue sniffing had not become  
25 popular, so we are talking about a similar period  
26 in their lives, but not an identical period.  
27 The drugs available were somewhat different.

28 We have great confidence in the  
29 honesty of what they told us, because, having  
30 checked records as well as interviewing them, we





1 found no evidence in their records that those  
2 who denied the drug use had in fact used drugs.  
3 3% of those who denied drug use had been -- had  
4 had a drug arrest, but in each case they were  
5 arrested only either as sellers, and there was  
6 no evidence they had ever used drugs themselves,  
7 or in one case this was a young man who was  
8 arrested along with an addict prostitute and  
9 then released for lack of evidence. He just  
10 happened to be caught because he was with her  
11 at the time. So that there was no evidence  
12 that they were lying to us.

13 Interestingly enough the rate  
14 of drug arrests for those who used marijuana  
15 only was also 3%. They were as infrequently  
16 arrested when they used marijuana only as when  
17 they used no drugs for a drug offence. Men  
18 who said that they used heroin on the other hand,  
19 were almost all arrested for drug use. Not  
20 necessarily for heroin use, often they were  
21 picked up and arrested because of possession of  
22 marijuana. But apparently the police did not  
23 bother them unless they were known heroin users.  
24 This would be a use for heroin and I am not sure  
25 that it is still true of the area where they  
26 lived. These were all men who had lived and  
27 were brought up in St. Louis, Missouri. The  
28 fact that some young men had used only marijuana  
29 gives us an opportunity to answer an important  
30





1 question. Granting that marijuana started them  
2 on the road to narcotics, what about the people  
3 who don't take that next step, and take no drugs?  
4 We have 32 young men who took marijuana and  
5 we have no evidence that they ever took anything  
6 else. We have a 113 young men who claim that  
7 they never took any drug and we have no evidence  
8 that they did, so these are the two groups  
9 that we are mainly interested in here.

10 The fact that drug use was so  
11 common in this population that half of the young  
12 men of normal intelligence studied, used drugs,  
13 gave us an opportunity to answer another question:  
14 If normal young people use marijuana, is it  
15 harmful? That is, are all the horror stories  
16 about the effects of drugs just due to the  
17 fact that a lunatic friend is using them in the  
18 first place. Well, when half the population is  
19 using drugs, one could hardly call this a lunatic  
20 fringe. Obviously many of the people who  
21 were using it, were perfectly normal young people.  
22 Indeed when we looked to see who did use drugs  
23 when we compared those who used drugs, compared  
24 with those who do not, we found that drug  
25 users did not differ from non-users in any  
26 respect in early childhood, that is, they did  
27 not come from specially poor families, they  
28 were not more likely to come from broken families,  
29 they had no more difficulty in terms of being held  
30 back or through being in elementary school





1 than did young non-users. They seemed to be  
2 an average bunch of young people. Drug use  
3 usually began in high school for these boys,  
4 and interestingly enough, attending high school  
5 seemed to be a necessary condition to beginning  
6 drug use. We had a few who dropped out before  
7 high school and none of them got involved in drugs.  
8 In other words, the place that they were obtaining  
9 drugs seemed to be the high school.

10 I would like to underscore the  
11 fact that these were not abnormal boys in any  
12 way. Drug use in this respect was quite different  
13 from drinking and delinquency, both of which  
14 could be predicted in behaviour in elementary  
15 school. That is, boys who were highly truant  
16 or were failing elementary school were much more  
17 likely to begin drinking and to become delinquent  
18 than those who were doing well in elementary  
19 school. This was not true of drug use. There  
20 was no evidence that drug users were any different  
21 from other boys.

22 What then did we find out  
23 about the later outcome of these young men? We  
24 contracted three groups, the 32 men who used  
25 marijuana only beginning in adolescence, 44 men  
26 who used marijuana in adolescence, but also used  
27 other drugs, and 113 men who never used any drugs  
28 at all. There was also an additional group of  
29 33 men we studied who did use drugs, but did not  
30 begin using them until after the age of 20, but





1 we are going to omit those because it is  
2 very difficult to say what came first, adult  
3 problems or drug use. . . . We don't know whether they  
4 began drug use because they were having adult  
5 difficulties or whether they were having adult  
6 difficulties because they began drug use. But  
7 for the remainder who began taking drugs in  
8 adolescence, we can look at contrasts in adult  
9 outcome to see if we can attribute any of the  
10 differences to the effects of drugs. As I  
11 am sure you would have anticipated, men who used  
12 only marijuana had much less miserable adult  
13 lives than men who went on to other drugs. The  
14 heroin addicts in particular, although generally  
15 off heroin, at the time we saw them, or in their  
16 early 30's, were almost all separated or divorced,  
17 all had been arrested, many had served prison terms,  
18 few of them held jobs, they were earning almost  
19 nothing and were generally dependent on a kindly  
20 mother or sister for support.

21 The picture of the marijuana users  
22 is not like that. They did much, much better  
23 than those who went on to harder drugs. However,  
24 there was, to my sorrow, a quite consistent degree of  
25 evidence that they were not doing as well in  
26 terms of worldly success and personal symptoms as  
27 men who had not used drugs at all.

28 On the board here, we compare  
29 the 32 boys who used marijuana and never used anything  
30 else with the 113 who never used any drugs at all.



1 In the first place, they were much less likely to  
2 graduate from high school. Only 40% graduated  
3 from a regular academic high school, as compared  
4 with 70% of those who did not use drugs.

5 Next we asked about family and  
6 marriage. There was no difference in the age of  
7 marriage and there was no difference in whether or  
8 not they were currently married at the time of  
9 interview. However, they were more likely --  
10 twice as likely to have an illegitimate child and  
11 they also, which isn't up here, they much more  
12 often reported having been unfaithful to their  
13 wives. Another difference was that they  
14 were much more often financially dependent.  
15 This includes getting help from relatives or  
16 getting welfare. 59% of them in the last  
17 five years had -- had to have help getting along  
18 as compared with only 31% of those who had not  
19 used drugs. Not statistically significant,  
20 but also striking, was the fact that they held  
21 lower status jobs and that they were earning less  
22 in the last year.

23 Now, the fact that they were holding  
24 lower status jobs is not surprising because fewer  
25 of them graduated from high school.

26 THE CHAIRMAN: Excuse me, Dr. Robins.  
27 Excuse me. When you were comparing this group,  
28 this is a group of Negro, urban Negroes. And you  
29 are -- as I understand when you are speaking about  
30 these factors, you are comparing the 32, let us





1 say, who used only marijuana?

2 DR. ROBINS: Right.

3 THE CHAIRMAN: With those who never  
4 used any drugs?

5 DR. ROBINS: Right.

6 THE CHAIRMAN: You are not discussing  
7 the 44?

8 DR. ROBINS: No.

9 THE CHAIRMAN: So these are Negroes  
10 being compared with Negroes?

11 DR. ROBINS: Right. They are the  
12 same age, they were brought up in the same areas,  
13 they were alike as far as we knew, in every respect,  
14 except that they-- one used marijuana and the other  
15 had not.

16 When we looked -- as I mentioned,  
17 it was not too surprising that they did not do --  
18 have as good jobs since fewer of them graduated  
19 from high school, but interestingly enough, when  
20 we looked only at the drop-outs in both groups, who  
21 had failed to complete high school, we found  
22 that the marijuana users were still earning less  
23 than the ones who had also dropped out, but had  
24 not used drugs.

25 We found that more of the marijuana  
26 users had had a non-drug adult arrest than the  
27 non-users. They had had very slightly more  
28 juvenile delinquency, so that we considered the  
29 possibility that perhaps they were having more  
30 adult arrests because more of them had been





1 juvenile delinquents and they were simply continuing  
2 juvenile behaviour. But actually the difference  
3 was very much more striking among boys who had  
4 never been delinquent before the age of 18.  
5 If they had not been delinquent, the chances of  
6 having an adult arrest if they did not use drugs,  
7 was only 35% and 65% if they had used marijuana.  
8 And let me repeat, these are non-drug offences.  
9 There was no difference between the two in the rate  
10 of drug offences. We asked a number of questions  
11 suggesting -- asking about violence. We asked  
12 whether they had fights, whether they had ever  
13 been injured in a fight, whether they had ever  
14 hurt anybody badly in a fight, whether they hated  
15 anyone enough to want to kill him. We had  
16 nine such indices. On each particular index  
17 there was not a great deal of difference between  
18 the two, but the marijuana users answered yes to  
19 three or more of those nine questions, considerably --  
20 about twice as often as those who do not use drugs.  
21 This was totally unexpected because we had  
22 thought that marijuana users, if anything, would  
23 be sort of passive, non-violent people because  
24 it is not what we found.

25 The other thing that is perhaps  
26 only true of Negroes and I am not sure about --  
27 at least the young people claim that it is only  
28 true of the Negro population, there was no  
29 protection against alcohol problems in using  
30 marijuana, in fact every one of our marijuana



1 users had used alcohol before he began using  
2 marijuana and they went on to have serious  
3 alcohol problems. They were twice as likely to  
4 have social or medical problems with alcohol as  
5 the non-users and we had a criterion -- before  
6 we would consider someone a possible alcoholic, he  
7 had to meet at least four criteria, some sort of  
8 medical problem, heavy drinking and some sort  
9 of social difficulty. And we found that 37% of  
10 those who used marijuana in childhood did meet the  
11 criteria of possible alcoholism as compared with  
12 only 10% of those who had been on drugs.

13 Now there was a slight -- there  
14 was nothing in elementary school that would enable  
15 you to tell the difference between these two groups;  
16 however, by high school they did begin acting  
17 differently. The marijuana users in particular  
18 were very likely to be high school drop-outs  
19 and it was hard to tell what was causing what.  
20 Some of them dropped out before they began using  
21 drugs and <sup>some</sup> afterwards in the same year. They  
22 were much more often drop-outs in this group.  
23 And so we were concerned that even though we  
24 hadn't been able to show any <sup>statistically,</sup> /there is great  
25 differences between the two groups. Perhaps  
26 there were some subtle differences that we were  
27 not picking up.

28 Consequently, what we decided to  
29 do was to try to match the marijuana users and  
30 the non-users on a number of characteristics





1 occurring before the first use of marijuana.

2 Let me explain how we did this: We had asked  
3 a boy at what age he first used marijuana. Suppose  
4 he told us fifteen. We would also ask him when  
5 he took his first drink, we looked into police  
6 records to find out when he first was known to the  
7 police. We knew at what age he dropped out of  
8 school; we would ask him when he first had his  
9 first sex experience, etc., so that we could  
10 take a number of events in his life as having  
11 preceded or post-dated his use of the drug.

12 What we did then, was to take the first -- the  
13 age at which marijuana use began as our break point,  
14 and describe each user in terms of his previous  
15 history, whether he had elementary school problems,  
16 whether his home had been broken, what his  
17 guardian's occupation had been, whether he had  
18 already had sex experience, whether he was already  
19 drinking, whether he had left school, and if he had  
20 left school, whether he had left by graduation  
21 and whether he had already been delinquent at  
22 the time that he first used marijuana. And using  
23 that age, we picked one of the group who had never  
24 used marijuana, who at that age was exactly matched  
25 with the marijuana user in terms of each of those  
26 variables. This is our group. Our perfect  
27 match is over here. As you see, even though  
28 we had 113 to select from, we were only able to  
29 find 20 perfect matches. And as you can see,  
30 even when we could match on all of these variables,





1 prior to the use of marijuana, we were unable to  
2 wipe out the difference; that is, those who used  
3 marijuana with respect to each of these variables, in  
4 which we had found a difference before, still  
5 have a less promising outcome than those exactly  
6 matched with them for all the other variables that  
7 we tried. They still were less likely to graduate  
8 from high school, more likely to have an  
9 illegitimate child, more likely to be financially  
10 dependent, more likely to be arrested, even  
11 if they had not been delinquent earlier, more  
12 likely to be violent, more likely to develop  
13 alcohol problems.

14 MR. STEIN: Could I ask a question  
15 at this point, Dr. Robins?

16 DR. ROBINS: Surely.

17 MR. STEIN: One of the things  
18 that strikes me, and I am sure you must mean --  
19 I assume that you have been very concerned to  
20 try and weigh in the cultural and environmental  
21 factors of black people living in the United  
22 States at this time, but let me make my point:  
23 You have given certain categories here about  
24 graduating from high school, financial dependence,  
25 violence, and it struck me -- one of the -- one  
26 of the points that has been made to us from people  
27 who are regular pot smokers is that their use of  
28 the drug -- they are not stating it is a chemical  
29 thing, but the use of the drug makes them  
30 extremely aware of the -- of the setting around



1       them, of the, as they put it, the hypocracies  
2       of meaningless relationships and so forth.

3       The point here is that they become much more  
4       unable to tolerate a sham.       Now, my point, and  
5       this is what I am getting at, is would you consider  
6       the hypothesis that these black people living in  
7       the United States -- how many years ago was it?

8                       DR. ROBINS:   They are still living  
9       there.

10                      MR. STEIN:    How many years ago  
11       was this study?

12                      DR. ROBINS:    1965.

13                      MR. STEIN:    About five years ago.

14       In using the drug and assuming for the moment that  
15       this contention that it makes you less able to  
16       tolerate this sham, <sup>they</sup>/might look at a high school  
17       as a less potentially useful thing to complete,  
18       might see that they are exploited by all kinds  
19       of financial corporations and might decide that  
20       it doesn't really matter whether you get into  
21       debt or not, might look at the situation regarding  
22       police involvement in the black community and  
23       might decide -- my point is -- I don't want  
24       to over-state it, but is it possible that there  
25       is a very significant cultural factor here which  
26       you have to weigh in?       Am I making -- in other  
27       words, that the use of the drug would make people  
28       less ---

29                      DR. ROBINS:    What you are doing  
30       is introducing an intervening psychological barrier





1 about what it is that the drug does that accounts  
2 for the change. I don't really have any  
3 information about what that intervening variable  
4 is. Let me say however, that one of the things  
5 that surprised us, was that there was a smaller  
6 effect, but there was some effect, even among  
7 men who told us that they had not used the drug  
8 for more than five years, and many of those had  
9 only used it for one year. This made me  
10 curious about what the mechanism might be and  
11 what I tried then, was controlling on three things  
12 that occurred thereafter: dropping out of school,  
13 becoming delinquent and getting involved with  
14 alcohol. And if you match young /who had  
15 used drugs, who did all three of these things  
16 with young men who did none of them, you will  
17 find that there is no difference. I mean apparently --  
18 whether -- I can't say how the drug works or if it  
19 is not the drug at all, but something that is  
20 associated with taking the drug, but what seems  
21 to make the difference is getting involved with  
22 a number of other kinds of activities, such  
23 as dropping out of school, getting involved with the  
24 police, getting involved with alcohol, which then  
25 even if you hadn't gotten into trouble, through --  
26 via marijuana, into these three kinds of activities,  
27 via marijuana, have the same kind of prognostic  
28 influence. In other words, if you become an  
29 alcoholic and delinquent, you have the same kind of  
30 life no matter how you got there. Marijuana





1 seems to be one route in boys in whom you may  
2 have not anticipated this kind of behaviour before.

3 MR. CAMPBELL: Did you gather any  
4 data on the friendship patterns, the association  
5 patterns of these men subsequent to their beginning  
6 to use marijuana?

7 DR. ROBINS: No.

8 MR. CAMPBELL: Do you have data  
9 on the social class?

10 DR. ROBINS: Yes.

11 MR. CAMPBELL: Was it a normal  
12 distribution of classes in the normal population of  
13 the city?

14 DR. ROBINS: No, we were interested  
15 in studying class and we over-rated the upper class  
16 group, because there wasn't sufficient of them  
17 in a random sample. In other words, we have  
18 a wider portion of well-to-do families in a  
19 normal population. We had about 25% white  
20 collar, whereas actually boys with adequate  
21 I.Q.'s was one of our requirements. Only  
22 about 12% would have a white collar background.

23 THE CHAIRMAN: Professor  
24 Bertrand.

25 PROFESSOR BERTRAND: To your  
26 questions that deal with methodology problems.  
27 The first is, you mentioned that if I am correct,  
28 that among this special group of Negroes, it was  
29 to be expected that about 50% of the population  
30 of this age, would use marijuana?



1 DR. ROBINS: 50% did.

2 PROFESSOR BERTRAND: Which I think  
3 is certainly different than the ratio which is  
4 expected in the overall population of the States  
5 and of Canada -- well, I don't know for your  
6 special city, ---

7 DR. ROBINS: No one had ever  
8 done such a study before, so I had no expectation  
9 about it, and there never had been previously  
10 an epidemiological study of drug use among this  
11 population.

12 PROFESSOR BERTRAND: Well, if  
13 we are to believe some of the survey results,  
14 supposing that there would be a gap of let's say  
15 15%, five years ago, between the percentage of  
16 users in this special Negro population as  
17 contrasting with the overall population, will you  
18 some way in your results account and weigh the  
19 importance of that difference? Because I think  
20 it is important if it is the same pattern --  
21 a quasi pattern of life which certainly methodology  
22 has to account for it.

23 My second point would be, would  
24 you tell us later, if you do, I am sorry to ask  
25 you that now -- if you have worked with a  
26 coefficient of analysis and where?

27  
28 DR. ROBINS: The study I did  
29 here was only to present only these variables which  
30 were significantly different by detailed 2 P O





1 pie square test. One of the other variables that  
2 I mentioned, there was a trend in the same  
3 direction. We never found any advantage in  
4 having used marijuana. The other differences  
5 were not statistically different. These all  
6 are.

7 THE CHAIRMAN: Dr. Lehmann?

8 DR. LEHMANN: May I then, just  
9 to clarify in my own mind simply -- would it be  
10 correct to state that these differences have been  
11 tested by a rather statistical test? You  
12 say 2 tail not a 1 tail, that the population  
13 which you considered was as much as anyone can  
14 hope to make sure, was starting out with the same  
15 odds or the same risks or the same hazards, they  
16 were in no way different, economically, intellectually,  
17 educationally, family background and it then is  
18 based on your findings, nowadays for instance,  
19 an insurance company would be asked to give odds  
20 regardless of what the mechanisms are -- would  
21 have to give odds. - What are the odds <sup>that</sup> / somebody  
22 who takes marijuana will also be delinquent or  
23 have more alcoholism and more broken marriages  
24 and so on, that these odds from the simple business  
25 point of view for an insurance company would be --  
26 well would be much greater than those who did  
27 take marijuana? But in fact, just the simple  
28 fact that marijuana was taken regardless of what  
29 the reasons were, figures sufficient probably  
30 for an insurance company to give them higher risks,





1 would you say that that is so?

2 DR. ROBINS: Yes, but this  
3 with respect to the population, the biggest problem  
4 is of course that we don't have comparable figures  
5 for the white middle class children.

6 DR. LEHMANN: No, but these were  
7 Negro youngsters, but they were uniform as any  
8 Negro youngsters can be. And the only factor  
9 was that one part smoked and the other part did  
10 not smoke.

11 DR. ROBINS: That is what I  
12 tried to control for, to try to make them as  
13 similar as possible, so that this would be the  
14 only factor of differentiation.

15 What I have been trying to point  
16 out is that they have not in early childhood  
17 have predicted this kind of -- they were not  
18 in elementary school in any kind of difficulty.  
19 However, it is also possible that something changed  
20 in adolescence that both made them prone to trouble  
21 and prone to the use of marijuana, but they are  
22 not children that you would have predicted would  
23 have had adolescent problems.

24 DR. LEHMANN: Was an  
25 insurance company the only factor that they could go  
26 on, would be that one group smoked marijuana and  
27 the other didn't, there would be nothing else  
28 that would distinguish them?

29 MR. CAMPBELL: What basis, in  
30 your views, what basis did the childhood appear?



1 DR. ROBINS: We found that  
2 elementary school was evidence -- evidence of later  
3 criminality and even of later death or violence,  
4 but they did not predict drug use at all.

5 DR. LEHMANN: Also I remember  
6 and you said it again today, that in your first  
7 presentation last February, you called again  
8 a study, and you said "to my sorrow", could we assume  
9 that you expected it or maybe even hoped to find  
10 that there would be no differences or even better  
11 turn out for those who had smoked marijuana?

12 DR. ROBINS: Well, I had certainly  
13 hoped that there would be no difference considering  
14 the number of kids that are now using it.

15 DR. LEHMANN: You hoped that  
16 there would be none?

17 THE CHAIRMAN: For the benefit  
18 of those who have come in a few moments ago,  
19 Dr. Lee Robins, Professor of Sociology and  
20 Psychiatry at Washington University, St. Louis,  
21 Missouri, is testifying on a study she made of  
22 the long-term effects of the use of marijuana  
23 in a group of Negro Americans and -- Dr. Unwin --  
24 I believe you wanted to ask. ---

25 DR. JOHN UNWIN: Yes --

26 THE CHAIRMAN: Dr. Unwin, I may  
27 say, Dr. Robins, presented a critical review, which  
28 was submitted as a brief on Thursday.

29 DR. UNWIN: Thank you, Mr. Chairman.

30 Dr. Robins, I congratulate you





1 on your study, you are aware, as I am, of the  
2 gross shortage<sup>of</sup>/reliable studies of any type really  
3 up to recently on marijuana, despite the fact that  
4 there is some two thousand references.

5 Very, very few of them have been  
6 adequately done, certainly the experimental studies,  
7 because of the control and I am very happy to see  
8 that somebody like you is doing the type of study  
9 that you are. Because I find the study so  
10 important I think I am going to milk as much  
11 valid information out of it as we can, because  
12 we don't have enough of this sort of thing around,  
13 so if I could ask you some questions: one  
14 frequent claim that comes up is that the use  
15 of marijuana leads to the use of hard narcotics.  
16 Could you comment on this from your study at all,  
17 please?

18 DR. ROBINS: Certainly time-wise,  
19 this is true. That is, of those who went on to  
20 use other drugs in almost every case the use  
21 was preceded by the use of marijuana. That is,  
22 if we look at heroin users we will find that  
23 in almost every case they used marijuana first.

24 DR. UNWIN: This is a well-known  
25 fact, but I wonder how many of your marijuana users  
26 went on to heroin and other drugs?

27 DR. ROBINS: Only half of them used  
28 any other drugs at all.

29 DR. UNWIN: What about hard drugs  
30 like heroin -- are you including alcoholism as a





1 drug or are you putting that aside?

2 DR. ROBIN: I am leaving alcohol  
3 out, yes. Of those who used marijuana -- I have  
4 the figures here and whether I can find them at the  
5 moment or not, I am sure, but about 35% actually  
6 tried heroin. We ended up -- of the half that  
7 used some drugs, 25% became heroin addicts.

8 DR. UNWIN: But could you tell us  
9 what the percentage of the marijuana users --

10 DR. ROBINS: They were almost  
11 all marijuana users.

12 THE CHAIRMAN: As I understand,  
13 Dr. Robins, <sup>of</sup> the 50% of the marijuana users in your  
14 sample who used other drugs, 25% became heroin  
15 addicts?

16 DR. ROBINS: I think that is  
17 approximately correct.

18 DR. UNWIN: Could you tell me  
19 as to those figures, was marijuana the first  
20 drug that they used?

21 DR. ROBINS: Almost always.

22 DR. UNWIN: What about alcohol?

23 DR. ROBINS: Alcohol preceded  
24 marijuana.

25 DR. UNWIN: So that one cannot  
26 say categorically that marijuana is the prime  
27 factor in heroin use; alcohol itself in fact being  
28 what we call an addictive drug in the normal sense.

29 DR. ROBINS: It began with  
30 alcohol and then to marijuana, and from there to



1 heroin if they went on.

2 DR. UNWIN: This has particular  
3 bearing I know on the Negroes and Puerto Ricans  
4 in the United States, the alcohol and the heroin  
5 progression is well-known, but what we have known recently  
6 is that people have now said that nowadays because  
7 of various factors, that these people, perchance, become  
8 alcoholics, first, they move quickly on to other  
9 things.

10 What about psychosis, mental  
11 hospital admission? This is another thing  
12 marijuana leads to --

13 DR. ROBINS: There is no  
14 relationship. We had very few who had been  
15 hospitalized, and most of those -- well, if you  
16 include alcoholic psychosis, yes, because it  
17 was associated, but they were not hospitalized ---

18 DR. UNWIN: No, I mean marijuana  
19 as itself alleged to be the cause of mental  
20 illness.

21 DR. ROBINS: No.

22 DR. UNWIN: The so-called  
23 motivations syndrome, which I am sure you have  
24 heard of, especially among young people at present.  
25 Now of course these are Negro youngsters and there  
26 are important differences, but did you pick any of  
27 this type of thing up -- apathy, lack of drive,  
28 you talked about the type of thing that they were  
29 not doing as well, in terms of potential  
30 success, and this fact may be tied in. Any other





1 factors like apathy or lack of concentration and  
2 so on and so on.

3 DR. ROBINS: We simply didn't  
4 ask about this, I am sorry, we just don't have  
5 the evidence.

6 DR. UNWIN: Did you interview  
7 some of these young people yourself?

8 DR. ROBINS: Some of them, but not  
9 all of them, no.

10 DR. UNWIN: I am sorry, I do not  
11 mean to be unfair. I just want to know how these  
12 kids were performing intellectually. Did they  
13 stand out as to doubt or anything. I know you  
14 are ~~not~~ making a scientific comment now.

15 DR. ROBINS: As a matter of fact,  
16 my intuitive impression is the drug users were  
17 brighter than the remainder and we did check I.Q.  
18 and there was no difference. I was surprised.

19 DR. UNWIN: Well, I think there  
20 have been studies -- there was a study done in  
21 1946 perhaps, just after the LaGuardia report  
22 where two hundred and something people were  
23 studied, who have been using marijuana for  
24 47 years -- I am sorry, for 7 years, and they  
25 found that there was no difference, no evidence  
26 of intellectual deterioration, of psychosis, of  
27 hard drug use and so on. As a matter of fact,  
28 there are quite a few studies that show that  
29 marijuana does not necessary per se, as a  
30 pharmacological agent lead to any other drug, that





1 it is more often a personality vulnerability  
2 beforehand. I get the impression that you have  
3 done your darndest to deal with this problem, that  
4 you always have, <sup>to</sup> as/how much of the effects were  
5 seen due to the drug and how much are due to  
6 pre-existing  
/ personality vulnerabilities and it would seem  
7 from your study that pre-existing vulnerabilities  
8 don't seem to be that significant.

9 DR. ROBINS: That's true.

10 DR. UNWIN: There is one  
11 phraseology that always concerns me, and I came  
12 in late and I may have missed this point. You  
13 used the term "marijuana user". Could you specify  
14 a little more? We don't talk about an alcohol  
15 user or a barbiturate user.

16 DR. ROBINS: We simply -- let me  
17 say in many ways our information is inadequate,  
18 partly because we were covering a lot of topics,  
19 in one interview, and partly because it is very  
20 hard to get any information about dosage, because  
21 the material itself is so uneven.

22 DR. UNWIN: Yes, sure.

23 DR. ROBINS: So that all we did  
24 was ask them, "Have they used marijuana, have  
25 they ever used it regularly, when did they first  
26 start and when was the last time". So all that  
27 we have is really a range of ages during which they  
28 used it and we don't know how frequently they  
29 used it, and we don't have really any dosage  
30 information. I can't really separate them



1 into heavy users and light users.

2 DR. UNWIN: This might be a rather  
3 vital point perhaps, that the differences between  
4 the experiments of those that have used it a  
5 couple of times and the multiple casual user, who  
6 use it the way we may use alcohol, and the pot  
7 heads, the rather sustained users.

8 DR. ROBINS: I think it is a very  
9 terribly important area for research. I just  
10 don't think we have the data.

11 DR. UNWIN: I was wondering,  
12 some of the findings you could comment on this --  
13 of course we must realize and I am sure you will  
14 go on to express it, that these are Negro youngsters  
15 and we cannot extrapolate, particularly the  
16 American white class kids, who are using it  
17 in certainly large numbers nowadays. Are you  
18 familiar at all -- I noticed you said there haven't  
19 been these epidemiological studies and I agree  
20 with you, I know of none, but I am thinking of one  
21 study that was done for the LaGuardia Report,  
22 and the LaGuardia Report is rather an uneven --  
23 some of the studies done seem to be fair enough,  
24 others are rather bad in terms of experimental  
25 controls, but the sociological study where they  
26 trained six policemen as a sociologist, in a way,  
27 and they sent them out into the Brooklyn area  
28 to find out, does marijuana use among teenagers  
29 lead to crimes of violence, to hard drugs, to  
30 psychosis and they came back with no evidence





1 like this. Are you familiar at all with the  
2 methodology of that study at all and how it is?  
3 I understand from (Dr. Calins') recent review, she  
4 has looked into this question quite regularly,  
5 that she felt that this was a fairly acceptable  
6 study.

7 I wonder, could you speculate,  
8 and would it be your speculation as to how much  
9 of such things as perhaps the violence which I  
10 agree is unexpected in <sup>view of</sup> the witch hunt phenomena  
11 for example, and some of the other -- the  
12 delinquency and that, how much of this might be  
13 related to the fact that to get these -- these  
14 drugs, you have to move in an underground milieu  
15 which is associated with risks of violence, risk  
16 of delinquency and so on and so on.

17 DR. ROBINS: The violence is a  
18 particularly interesting one item, because it is  
19 the one and only thing which completely disappears  
20 in the control of alcoholism. It seems to be a  
21 consequence of heavy drinking and not of marijuana  
22 per se.

23 DR. UNWIN: The violence you  
24 found in these young people was due to alcohol?

25 DR. ROBINS: Yes.

26 DR. UNWIN: I think this is  
27 something that the people have been feeling  
28 strongly for some time, but on the other hand,  
29 not leading to this passivity, marijuana not leading  
30 to passivity -- I think that is about all --





1 once again, I congratulate you because this is very  
2 much the sort of study we do need and I hope  
3 perhaps you can continue this and expand this to answer some  
4 of the questions we would still like to have  
5 answered. Thank you very much.

6 THE CHAIRMAN: Thank you, Doctor.  
7 Dr. Lehmann?

8 DR. LEHMANN: Dr. Robins, this  
9 is simply speculation, but could you guess what  
10 are we -- if you could repeat the study today  
11 with a larger sample instead of 30 -- let's say  
12 a 100 and under these conditions, would  
13 you think that you might find something similar,  
14 would you feel fairly confident you would find  
15 something similar or would you not -- or would  
16 you think it would be something different or  
17 would you not bother at all to have an opinion even?

18 DR. ROBINS: I think that --  
19 one of the things that I am concerned with --  
20 I think there are certain similarities, that is,  
21 in this social group at this time marijuana was  
22 extremely easy to come by, very readily available.  
23 It was illegal, but prosecution for possession  
24 was extremely rare. I don't think that that  
25 is very different from the current situation,  
26 that many of our young people now use it and  
27 never get arrested.

28 DR. LEHMANN: Well, not in  
29 Canada.

30 DR. ROBINS: Not in Canada, Doctor,



1 in the United States. There was also the  
2 similarity in that although it was illegal the  
3 young people did not feel that this was a just  
4 law, that they thought it was absurd. They  
5 didn't see anything wrong with it. So that  
6 certainly there is a certain parallel.  
7 The biggest difference, the biggest potential  
8 difference, I think, is the role of alcohol.  
9 If it is, as our young people now claim, that  
10 they using this instead of alcohol and are not  
11 using alcohol, it seems to me that the findings  
12 might be quite different.

13 DR. LEHMANN: Why would there  
14 be this difference, because we hear this so  
15 consistently?

16 DR. ROBINS: I don't know that  
17 it is true. I mean it is claimed, but as far  
18 as I know, no one has ever studied this to see  
19 whether there is much less use. There certainly  
20 is among a small vocal group, there are certainly  
21 some people who are using marijuana and who are  
22 not drinking. I know some of them, so I know  
23 it exists.

24 DR. LEHMANN: To your knowledge  
25 there has been no systematic study made of the  
26 relation of alcohol use and marijuana use?

27 DR. ROBINS: To my knowledge, no.

28 DR. MILLER: I am a little  
29 troubled between the apparent high correlation  
30 of marijuana use and alcohol use. That is, you have





1 a group that has been selected on one independent  
2 variable in the use of marijuana, and due to a  
3 high correlation between the use of that drug  
4 and another very socially potent and active drug,  
5 alcohol, you have also in depth then selecting to  
6 a certain extent where maybe alcohol -- and  
7 you mentioned that 37% of the marijuana users  
8 were in fact alcoholics, which is quite astounding.  
9 and you have touched a little bit -- I have  
10 been waiting to ask the question and you have  
11 answered a little bit of it, but I am wondering  
12 since there is such a huge compounding of alcohol  
13 use with marijuana use, cannot -- another observation  
14 is that your study is very similar to previous  
15 studies of alcoholics. I am wondering, can you  
16 say anything about marijuana in the way of alcohol  
17 use? Are you talking in any way about the  
18 offence of heavy alcohol use and marijuana? What  
19 kind of breakdown have you done to eliminate the  
20 effects of alcohol?

21 DR. ROBINS: Our group was very  
22 much concerned about this, and I have done two  
23 things: One is, that I have in the first place  
24 done a similar -- I have controlled on whether  
25 or not adolescent drinking occurred. Now, as  
26 a matter of fact, all of the marijuana users were  
27 also adolescent drinkers, but among the non-users  
28 there were some non-drinkers.

29 DR. MILLER: But drinking isn't  
30 that important, it is the heavy drinking.



1 DR. ROBINS: If you separate  
2 the non-drinkers from the non-users it doesn't  
3 change the relationships, but that is among  
4 drinking adolescents the same relationship is  
5 maintained. Then I tried the second test which  
6 was that I ruled out of both groups those who  
7 were possibly alcoholic, that is, I took out that  
8 37% who might be alcoholic and compared those  
9 who did not develop alcoholism, and this  
10 reduced differences, but they were still quite  
11 consistent and in the same difference -- in the  
12 same direction, with the exception of violence,  
13 which disappeared completely when you left the  
14 alcohol like that.

15 DR. MILLER: You just have the  
16 two groups for alcohol then, the heavy users, the  
17 users and the non-users were alcoholics. It is  
18 pretty clear that the problem of alcohol laws  
19 are much broader than just having a gross category  
20 between alcohol or not. Do you have anything  
21 such as the moderate heavy regular drinkers?  
22 It still seems to me that this correlation is  
23 very very striking and just having a clinical  
24 diagnosis of alcoholism and correcting merely  
25 for that, it may not be sufficient here.

26 DR. ROBINS: Let me repeat this  
27 was not a clinical diagnosis of alcoholism. This  
28 was eliminating people who were possibly alcoholic,  
29 that is, who met four or more of the criteria of  
30 alcoholism. Whether or not they were clinically





1 diagnosed as alcohol. That's ruling out all those  
2 who conceivably might have been alcoholic.

3 DR. MILLER: Have you broken the  
4 whole study down, say, to start from scratch, as  
5 though ~~you were~~ selecting for heavy alcohol use  
6 and see if there is a difference you would get  
7 from that, and then treat marijuana as one of the  
8 variables instead of an independent one here?

9 DR. ROBINS: No, I haven't done  
10 that.

11 DR. MILLER: So it is possible,  
12 or in fact it would look likely to me that alcohol  
13 would give the same type of picture. At least  
14 your picture is similar to previous studies of  
15 people exposed to heavy alcohol use?

16 DR. ROBINS: All I can do is  
17 repeat that if you take those alcoholics who  
18 lead alcohol patterns, you have the same pattern  
19 except there is less violence.

20 DR. MILLER: And my other question  
21 is, to do a selection inherent in facing the use  
22 of single drugs, say that on variables that you  
23 were able to control many years later, able to  
24 look at, the groups were very similar and the main  
25 thing -- you broke down on this, was whether  
26 or not you made the involvement of marijuana  
27 smoking behaviour. Could you say why -- why  
28 did they take the stuff, take marijuana in the  
29 first place?

30 DR. ROBINS: No.



1 DR. MILLER: I am not going to  
2 argue that you used different factors, that  
3 marijuana would be one of the multiple problems  
4 that you would expect for people who may be  
5 mildly psychopathic in that general direction  
6 and the other variables would also be in this  
7 picture.

8 DR. ROBINS: Let me say I didn't  
9 ask them why. We have no outside evidence  
10 that they were in any way psychopathic, and they  
11 didn't act like pre-psychopaths whom I have  
12 studied extensively. They were not in trouble  
13 at home or in school in any marked -- to any  
14 marked extent before they used marijuana, and  
15 I think that this question has been extensively  
16 researched by Chine in "The Road to Age", in which  
17 he finds it is a social phenomena, you do it as  
18 your friends are doing it. I think it is an  
19 injustice to these kids to call them psychopaths.

20 DR. MILLER: I didn't call  
21 them psychopaths, I said the tendencies may be --  
22 to correlate the notion of that. But that  
23 doesn't mean I called them psychopaths.

24 DR. ROBINS: The fact that it is  
25 kind of a faddish type of event, makes me think  
26 it is socially determinate.

27 DR. MILLER: It makes you feel  
28 there is a determinate; their friends were different?

29 DR. ROBINS: Oh certainly. It  
30 is very hard to start when you don't know one who





1 doesn't.

2 THE CHAIRMAN: Dr. Robins, are  
3 there any other questions -- any other questions,  
4 Dr. Unwin?

5 DR. UNWIN: Dr. Robins, I am sure  
6 you realize that the reason for our jumping up  
7 with questions is that this type of study is so  
8 important and so rare. I would like to stress  
9 again this point that in fact it is the alcohol  
10 leading to violence, not marijuana.

11 I am a little bit concerned about  
12 your feeling that marijuana possession did not too  
13 often lead to arrest, and as Dr. Lehmann said,  
14 that does not quite hold in Canada, but I agree  
15 with you that for everyone who is arrested,  
16 there are God knows how many hundreds of those  
17 who are not arrested, but in terms of arrest of the  
18 period of 1964-1967, our marijuana court cases  
19 rose from 64 to 1,000 -- Now marijuana arrests, in  
20 the same period, in California, I believe,  
rose from 7,000 to 37,000, that is a terrific jump.

21 DR. ROBINS: I suspect this is  
22 true in St. Louis too. I think the police are  
23 much more concerned about it.

24 MR. CAMPBELL: Dr. Robins, did you  
25 use any tests that could perhaps indicate the  
26 psychodynamics of these personalities. Is there  
27 in your data but not analysed, any information  
28 that you could extract subsequently and changes  
29 in friendship patterns, changes of mood that  
30 might have occurred current with or subsequent to



1 the onset of marijuana use.

2 DR. ROBINS: I am afraid not.

3 We did ask these boys -- these men, about the  
4 kinds of people they <sup>were</sup> around with in school,  
5 and we did find out that they had gone around  
6 with boys who had been in trouble either in school  
7 or with the police, but unfortunately we can't  
8 date that as we can marijuana users, since most  
9 of them began marijuana use in high school, it would  
10 be hard to tell what came first.

11 THE CHAIRMAN: Thank you, Doctor.

12 Dean Campbell?

13 MR. CAMPBELL: Just one other  
14 question. Whereabouts have your studies been  
15 published?

16 DR. ROBINS: The one I talked  
17 about today is not yet in print. It is going to  
18 be in a book called the Psychopathology of  
19 Adolescents which is coming out, I hope, next year.

20 MR. CAMPBELL: Would you be able to  
21 make the chapter you have written available to us  
22 for our use?

23 DR. ROBINS: Yes.

24 THE CHAIRMAN: Dr. Robins, you made  
25 a general observation about the difficulties of  
26 studies on the long term effects of marijuana,  
27 when you began your submission, and I would  
28 very much like to have your opinion on the  
29 feasibility, general feasibility for a long term  
30 study -- study of long-term effects. I believe





1 we have assumed within the time limit of our mandate.  
2 which is two years and we were asked for an interim  
3 report within six months, that we could not carry  
4 out valid studies of long-term effects. This is  
5 an important gap in our knowledge. Is that your  
6 impression -- I mean what possibilities do you see  
7 for long-term effects today, outside that particular  
8 group that you used?

9 DR. ROBINS: It is a difficult  
10 problem, because I think it has only been in the last  
11 year or two that it has become so acceptable to  
12 young people that it is not on the fringe any  
13 more, as to who is using them, but I think that  
14 until you can get a normal group of kids using  
15 it, then you worry very much about whether any  
16 effects they show are not pre-existing personality  
17 factors. And I think that probably at this  
18 point that in ten years one can do it easily,  
19 because I think that it is so common now that  
20 it wouldn't be ---

21 THE CHAIRMAN: Well, shouldn't we  
22 be trying to select a group now? Should the  
23 country be conducting this research by selecting  
24 the group now, or do you wait five or ten years  
25 and then as you did, go and collect a group and  
26 try to piece together the backgrounds from talking  
27 to them and so on and dealing with these variables  
28 and sources to get what you feel are comparable  
29 groups. Should it be prospective or retrospective?

30 DR. ROBINS: It would be very



1 intriguing if you could do a truly prospective  
2 study in which you could examine, say early high  
3 school age kids before they began the use and then  
4 find out in fact, who would get use, as well as  
5 the effects of use. It is a very intriguing  
6 problem.

7 THE CHAIRMAN: But it is your  
8 general impression that use, marijuana use, in  
9 populations other than the one you studied, has  
10 not been sufficiently long enough to form a basis  
11 for valid study now of long-term effects?

12 DR. ROBINS: There are other  
13 groups where it would be possible.

14 THE CHAIRMAN: Where?

15 DR. ROBINS: Musicians, for  
16 instance, who have used it for many years, where  
17 it is really almost a part of their occupation.  
18 But by no means all of them use this, so you would  
19 have to control it.

20 THE CHAIRMAN: Thank you very much,  
21 Dr. Robins, we are very grateful to you for coming  
22 here this morning.

23 We call now upon the Reverend  
24 John A. Simms, Chairman of the Drug Committee of the  
25 Protestant School Board, to present a brief  
26 on behalf of the school board.

27 He is accompanied by the following  
28 gentlemen on behalf of the Board, Mr. A.R. Tilley,  
29 Chairman of the Protestant School Board of Greater Montreal,  
30 Dr. R.A. McKeown, Dr. L.P. Patterson, Mr. John  
Perrie, Deputy Director of the Protestant School,





1 Mr. S.B.Montin, Co-ordinator of Guidance and  
2 Education Services.

3 Now the other gentlemen could be  
4 seated, I think, if any of you would like to come  
5 up and be seated at the table with Reverend Simms,  
6 you are most welcome to do so.

7 REV. SIMMS: This is as big a delegation as the  
8 Canadian Medical Association. I would like also  
9 to say we have here Mr. C.G.Southmayd, the  
10 Chairman of the Education Committee of the P.S.B.C.M.  
11 which is one of the three central committees.

12 We have two further  
13 typed copies of this report, as we have sent to  
14 Ottawa, and if there are other members here  
15 perhaps at the other table who would like these  
16 copies, we would be glad to give them. If you  
17 want to put up your hands, we would be glad to give  
18 them copies.

19 THE CHAIRMAN: Yes.

20 REV. SIMMS: Thank you very much,  
21 Dean LeDain for inviting us to present this.  
22 We have come very humbly, but we have been active  
23 in an educational way in this field for two years  
24 now, and our brief gives a history of how we  
25 began and how we set up educational programs and  
26 we present it, so that it might be of help to  
27 this Commission and also hopefully to other  
28 educational boards throughout Canada, who would  
29 like to set up such an educational committee  
30 themselves. We began of course with a sub committee



1 under Dr. McKeown and we studied the matter in the  
2 schools over several months, made our recommendations  
3 to the central committee of the Protestant  
4 School Board and these were adopted as outlined  
5 in this submission, and then they were put into  
6 effect, they were put into effect by having  
7 study sessions for some of our people. I would  
8 like to read just certain parts in the introduction  
9 which says much more clearly than I can what our  
10 thinking was and you will look back two years if  
11 you will, those of you who are in the audience.

12 In the opinion of this Committee  
13 the main emphasis should be placed on positive  
14 development of the whole person rather than on the  
15 negative aspects of the horrors of addiction.  
16 Our investigation into alcoholism and the use of drugs  
17 convinces us that these are parts of the much  
18 broader problem of escape and dependency and  
19 are symptoms of a deep malaise in our society.  
20 This committee feels that the promotion of  
21 good mental and physical health will reduce  
22 the threat of drug addiction.

23 And another paragraph:

24 Youth is now questioning the right  
25 of their parents and society to prevent them from  
26 using drugs.

27 THE CHAIRMAN: Excuse me. What  
28 page is this?

29 REV. SIMMS: 6. The third  
30 paragraph, sir.





1                               Youth is now questioning the right  
2 of their parents and society to prevent them from  
3 using drugs .    They say that this is sheer  
4 hypocrisy in the light of alcoholism and disharmony  
5 to which they are exposed at home.

6                               And further down the page we say  
7 that:

8                               We believe that: i) only factual  
9 information, well presented, and not conjecture  
10 based on an emotional appeal, will have an  
11 influence on our young people today; ii) the  
12 responsibility for communication of this  
13 information must be shared by educators, parents,  
14 students and the public at large.    In particular  
15 we ask for full cooperation by the mass media.  
16 iii) there is a need to discuss the problem  
17 of drug usage, including its psychological,  
18 medical, legal and social implications .

19                               And then on page 7, the middle  
20 paragraph:

21                               Obviously the factors that lead  
22 to drug abuse are many and complex, and no simple  
23 explanation or clear-cut course of action will  
24 fit every situation.    Flexibility in dealing  
25 with the problem is, therefore, necessary  
26 in implementing a successful programme.

27                               I am just taking pieces to show  
28 you as clearly as I can what our feeling and  
29 approach was on -- on page 9 and this was submitted  
30 to the press, in March 1968;



Long term recommendations:

1. Broadening the curriculum both in variety of courses offered and levels of presentation, so that more people can derive satisfaction and emotional security from school, rather than a sense of frustration.
2. An increase in counselling services even at the elementary school level, so that pupil problems can be identified at an early stage and steps taken toward their solution.
3. The development of the activist school which regards the child as the important focus rather than the material taught.
4. The greater encouragement of staff to become better trained through in-service courses, attendance at Summer Schools, and sabbatical leaves for self-improvement.
5. We know that this problem transcends the limits of any one school board and has no relation to race, creed or colour. We, therefore, welcome conversations with other school boards for the purpose of developing common educational solutions to this problem. And finally 6, Since we regard this problem as one for society as a whole, we suggest the formation of a representative committee to organize and coordinate such programs and thus avoid overlapping community efforts.

Now on page 10 we show how we collected the material and data from particularly all over the North American continent, from Vancouver and New York and Chicago came





1 very helpful material at that time, and the  
2 Foundations of Alcoholism and Drug Addiction  
3 Research in Vancouver and Toronto and Smith, Kline  
4 and French Company, also in planning our program  
5 we called upon many people from the Federal  
6 Bureau of Narcotics Control who were very helpful,  
7 the R.C.M.P., the local police forces, Dr. John  
8 Unwin who is here this morning, was very active  
9 and very helpful and of course hospitals, clinics,  
10 home and school, etc.

11 Again on page 10, Training of  
12 Discussion Leaders: We had weekly sessions on  
13 alternating mornings from 9:00 to 12:30 and  
14 afternoons from 1:30 to 4:30. The teachers  
15 were selected by principals and school councils.  
16 These councils are made up of teachers of the  
17 schools and as expected the majority of the  
18 selected teachers from each high school were  
19 guidance specialists, but also a variety of  
20 subject teachers were chosen. The school  
21 nurse was regarded as an important member of  
22 this drug education team and was also invited  
23 to the training sessions.

24 A specific series of sessions was  
25 arranged for the principals of the high schools  
26 and at the end of the academic year, that is in  
27 June of this year, '69, each high school had a  
28 team of 6 to 8 teachers, nurse and administrators  
29 who had been given training courses.

30 With respect to page 11, to



1 Mr. Hammond, from the Federal Bureau of Control  
2 in Ottawa, Dr. Unwin, Mr. Harvey Yarosky, the  
3 Criminal Lawyer, Staff Sergeant Plante, and  
4 many psychologists, educators and others.

5 On page 12 you will find the  
6 beginning of the evaluation, and this evaluation  
7 was carried on this fall largely in response to  
8 the request that we submit this brief.

9 Would you like me to read the  
10 observations, or have you all read them?

11 THE CHAIRMAN: I think it would  
12 be helpful for general discussion, yes.

13 REV. SIMMS: (a) The  
14 programme appears to be useful from a  
15 preventive point of view as it provides the  
16 uncommitted student with legal, sociological,  
17 medical and psychological facts about drug use.  
18 (b) An increasing number of students are coming  
19 to the school guidance department to seek help  
20 in dealing with problems related to drug use by  
21 themselves, friends or others. (c) Counselling  
22 of students and interviews with parents indicate  
23 that drug use more often takes place in the home  
24 rather than in the school. (d) Parents and  
25 the community at large seem unaware of the  
26 scope and magnitude of problems related to  
27 drug usage. (e) Many students appear to be under  
28 the impression that they are part of a Drug  
29 Society and reject the possibility of hazards from  
30 the indiscriminate use of drugs .





I emphasise this.

(h) Discussion leaders find it difficult to present evidence of harmful effects of the usage of marijuana and hashish due to the many controversial statements made by medical doctors, psychiatrists and sociologists.

(i) Most students appear to have a superficial knowledge of the hallucinogenic or intoxicating effects of drugs, but are ill-informed of the possible consequences from medical, psychological and legal points of view.

(j) Students appreciate the opportunity to discuss matters related to drug use.

(k) Students appear to accept the discussion leader not as an extension of the arm of the law, but as part of the school, willing and able to help.

(1) Address lists of agencies which can direct students with drug problems,



1 have proven useful when just posted on students'  
2 bulletin boards.

3 (m) There appears to be an  
4 increased awareness of the individual and his needs  
5 among parents, teachers and administrators.

6 (n) Experimentation with drugs  
7 is going on and possibly increasing slightly  
8 in all schools, but it seems probable that the  
9 situation would have been much worse without this  
10 preventive approach.

11 (o) The programme should be  
12 considered for implementation at earlier grades,  
13 possible Grades 5 and 6, where the abuse of  
14 solvents appears to start.

15 (p) Viewing of films by a large  
16 group must be followed up by discussion in small  
17 groups.

18 Page 14, (q)

19 The younger groups, (Grades 8-9)  
20 seem to prefer more drastic films, while the older  
21 groups prefer a less staged, more sophisticated  
22 approach.

23 All films on drug education  
24 whether the films are good or bad, really,  
25 appear to be good as points of departure for  
26 discussion of likes, dislikes and identification.

26 (r) Repeats of programmes should  
27 be avoided.

28 (s) To make the programme on  
29 Drug and Narcotics "just another subject"  
30 would be most detrimental.





1 (t) The regular staff appears to  
2 be satisfied with the programme and co-operates  
3 by trading blocks in their subjects to  
4 accommodate specific approaches at certain grade  
5 levels. Many subject teachers are also  
6 anxious to be part of the programme.

7 (u) Established communication  
8 with local police has often prevented cases  
9 from getting out of control.

10 And I may say that through all  
11 this we have built up a large library of films  
12 and we are continuing education of teachers, so  
13 that the numbers are increasing from the 6 and 8  
14 plus nurses <sup>in</sup> /individual high schools to perhaps  
15 twice that number. At the beginning of our  
16 report, are our recommendations

17 There is the contents and then  
18 there are the recommendations and I would read  
19 the recommendations now, if I may:

20 1 (a) Whereas drug use is  
21 symptomatic of a deep social problem; (b) whereas  
22 drug use largely takes place in homes where there  
23 is a lack of parental supervision, awareness and  
24 concern; BE IT RECOMMENDED that community  
25 involvement be encouraged where parents, home  
26 and school, local police force, churches, service  
27 clubs and agencies focus their efforts upon the  
28 prevention of local problems.

29 II (a) Whereas the use of mood-  
30 changing drugs has become commonplace in our society;



(b) Whereas there appears to be a lack of awareness of the harmful effects of prolonged use of barbiturates and amphetamines; (c) Whereas young people consequently tend to accept drug usage as a way of life; BE IT RECOMMENDED that the medical profession be urged to assume a greater responsibility for informing parents and public of the harmful effects or possible consequences of the indiscriminate use of drugs.

III (a) Whereas the mass media have tended to sensationalize and glamourize the effects of the use of drugs in our communities; (b) Whereas radio, T.V., newspapers and magazines have a great impact upon young people; BE IT RECOMMENDED that broadcasters and journalists be urged to deal with drug use in context with Family and Community Living rather than to focus public attention upon the apparently exciting effects of the drug themselves; BE IT RECOMMENDED that the known negative aspects of drug use, psychological and sociological, be dealt with as well as the hallucinogenic effects.

IV. (a) Whereas there is little scientific data available with regard to mood-changing drugs, especially marijuana and hashish; (b) Whereas there has been an undue amount of publicity of non-factual, personal opinions regarding the salutary effects of these drugs; BE IT RECOMMENDED that Government sponsored intensive research be instituted immediately in





1 areas where little or no scientific knowledge  
2 is available.

3 V. (a) Whereas the public schools  
4 have the resources, facilities and potential to  
5 train leaders and inform students, parents, and  
6 the community at large; (b) Whereas selected  
7 and trained teachers make excellent discussion  
8 leaders in Drug and Narcotics Education; (c) Whereas  
9 experimentation with drugs is now starting by many  
10 at an early age; (d) Whereas a drop in academic  
11 achievement is often directly related to drug  
12 use among students; (e) Whereas an increasing  
13 number of students are seeking counselling in  
14 the high schools as a result of exposure to the  
15 Drug Education Programme; (f) Whereas the  
16 programme on Drug and Narcotics Education has  
17 resulted in increased communication between  
18 administration, teachers, parents and students;  
19 (g) Whereas local and federal police forces  
20 in the spirit of the Juvenile Delinquent Act are  
21 reluctant to apprehend and to prosecute adolescent  
22 drug users; (h) Whereas schools frequently  
23 are asked to assume responsibilities belonging to  
24 parents;

25 BE IT RECOMMENDED that each regional  
26 and/or local school board in Canada be made aware  
27 of the need for a formal programme in moral and  
28 social development which should include Family  
29 Life, Drug and Narcotics and Citizenship education  
30 and be urged to implement such a programme at the



1 junior high school level;

2 BE IT RECOMMENDED that factual  
3 information about drugs and narcotics including  
4 alcohol and nicotine be presented to students  
5 at grade 7-8 levels as a formal part of the  
6 curriculum in all Canadian schools;

7 BE IT RECOMMENDED that any  
8 programme on Drug and Narcotics Education should  
9 be seen in the larger context of the threat of  
10 a general malaise in our society;

11 BE IT RECOMMENDED that material  
12 related to drug and narcotics education be  
13 assembled and distributed to schools by the Provincial  
14 Departments of Education and the Department  
15 of National Health and Welfare;

16 BE IT RECOMMENDED that training  
17 programmes for discussion leaders be encouraged  
18 under the jurisdiction of school boards;

19 BE IT RECOMMENDED that students  
20 be given help through the school and/or in the  
21 community rather than be expelled or suspended  
22 from school.

23 And that is the really complete  
24 presentation of our brief.

25 THE CHAIRMAN: Thank you, Reverend  
26 Simms. What are the sources again of your  
27 drug education program? What sources are you  
28 relying on? What sources are you relying on for  
29 your information?

30 REV. SIMMS: The sources for





1 our information?

2 THE CHAIRMAN: No, your information  
3 for your drug education program. What source--  
4 what materials are you using, where are you getting  
5 them?

6 REV. SIMMS: We are getting the  
7 materials through other educative programs.  
8 We would have to give you a long list of them.

9 THE CHAIRMAN: Well, I really  
10 didn't -- sort of a general idea of what your  
11 criteria area for selection of materials, what  
12 you are relying on.

13 REV. SIMMS: More through the  
14 personal approach, really of people, like Mr.  
15 Hammond, and Dr. Unwin and Mr. Yarosky's  
16 books, such as the one put out by the Medical  
17 Company, Smith, Kline & French, you may be aware of  
18 these and some books and papers by Narcotic  
19 Foundations.

20 THE CHAIRMAN: Do you have a  
21 committee, consultant or consultative or advisory  
22 committee of any kind to advise as to the reliability  
23 of the information they are putting out?

24 REV. SIMMS: We have gone into  
25 most of it through school psychologists and  
26 educators. I wouldn't say that we have a large  
27 group of sociologists, psychiatrists and so on,  
28 that sit as a regular board, no.

29 THE CHAIRMAN: We have  
30 heard repeatedly the allegation that a lot of the



1 information, not necessarily attributed to your  
2 organization, but a lot of the drug information  
3 given out today is unreliable, that the youth  
4 recognize it to be false in many respects, and  
5 it destroys the credibility of information with  
6 respect to other drugs in some cases. Are you --  
7 how are you consciously attempting to --

8 REV. SIMMS: In our teaching  
9 sessions, for example, we would show a film,  
10 perhaps on marijuana while we had, shall we say,  
11 experts there, and where the film seemed to  
12 be weak and I sort of pointed that out, there  
13 are good and bad films, but all of them can be  
14 used, we tell our educators to point out,  
15 just as a matter of discussion, where the film  
16 perhaps itself has gone astray or stated something  
17 that is not necessarily true, and this is made  
18 part of their notes for use of that film. The  
19 problem being is that an awful lot of the films  
20 that have been prepared are less than excellent.  
21 We would say the same thing. There is a great  
22 dirge as to good material.

23 THE CHAIRMAN: Do you think you  
24 should get some advice as to what is reliable  
25 material? I mean you are very fortunate to  
26 have Dr. Unwin for example, to assist you and  
27 others who you have named, but do you feel the  
28 need of any guidance in this?

29 REV. SIMMS: We haven't -- we  
30 would welcome any competent guidance, but any of





1 the materials that we have shown, for example,  
2 in films, have been seen by people like this.

3 THE CHAIRMAN: Yes, they have  
4 seen -- yes, they have seen your material.

5 REV. SIMMS: Yes.

6 THE CHAIRMAN: I note that you  
7 speak about well-trained teachers. Again it has  
8 been said to us, a serious question has been raised  
9 as to whether teachers are the most effective  
10 people to carry out drug education. I am  
11 only repeating what has been said to us. The  
12 suggestion has been made that young people could be  
13 trained, could be more effective, have a greater  
14 credibility with their peers. Have you thought  
15 of any of the possibilities of dealing with the  
16 people informed in your drug education program?

17 DR. PERRIE: Mr. Chairman, I  
18 don't think it is necessary to assume that all  
19 teachers are old people. In our drug education  
20 program, the teachers have been selected primarily  
21 for their ability to relate with the students,  
22 and the teachers are not that many years older  
23 than the students themselves. They wouldn't  
24 entrust the program to an old chap like myself,  
25 for instance, so it is primarily in the area of  
26 establishing good rapport and open-ended discussion  
27 with the students.

28 THE CHAIRMAN: I think I used  
29 the wrong criterion. I think I should have used  
30 the criterion between teacher and student. I



1 think it is not perhaps so much age, and I think  
2 you are right, it is what has been suggested as  
3 the teacher image, and I don't want to use the  
4 word authoratorian image. I don't want to  
5 suggest that is your approach to education, but  
6 I think the approach is more teacher to student.

7 DR. PERRIE: I think it is  
8 an idea worth exploring, Mr. Chairman. We are  
9 really beginning on this program, we have to  
10 begin somewhere, but I do think that the teachers  
11 have been very well selected with the problems  
12 you have identified in mind, with a minimum of  
13 authoratorian relationship to students, but we  
14 have not, at the moment at least, have envisaged  
15 involving the secondary students themselves,  
16 as to the discussion in this area.

17 THE PUBLIC: Excuse me, could I  
18 ask a question?

19 THE CHAIRMAN: Yes.

20 THE PUBLIC: -- or state something.  
21 That the people who are giving this drug education  
22 are laughed at by the students because they  
23 cannot answer most of the questions because the  
24 students know more about it than they do, and  
25 it is not in relation to age, whereas the teacher  
26 is considered square or something, this is not the  
27 fact, it is he does not have the qualifications  
28 to say anything. They are asking the questions  
29 and he has no right to answer for instance, and  
30 people who could, are people like Dr. Unwin, but he





1 can't go to every school, every class? But so  
2 what you are getting is all the kids when you say --  
3 when you have drug education, they say, "It is good  
4 for a laugh", you know, it is kind of a joke.

5 REV. SIMMS: Well, yes, it may  
6 be, but the -- some of these students can speak  
7 from personal experience whereas the teachers  
8 may not be swallowing six speed pills a day,  
9 and therefore cannot speak. The laugh of course  
10 is on the students and not on the teacher in this  
11 case.

12 MR. BOWLBY: Mr. Chairman, I  
13 wonder if I might ask a question. In your  
14 evaluation you said that you established communication  
15 with the local police as often as you can, for  
16 prevention and control. Now, I am not quite  
17 sure what you mean by that. You mean that the  
18 local police<sup>are</sup>/notified that the students' drug  
19 use is getting out of control or is becoming a  
20 drug problem or what do you mean by that?

21 REV. SIMMS: No, we don't know  
22 of a case where anybody has been jailed  
23 because we have a form on them, but we have  
24 tried to maintain our relationship with regards  
25 to pushers and we do find drop-outs for  
26 example, that hang around our schools, at recess  
27 time, at noon time, sit on park benches, etc.,  
28 waiting to try to sell their goods to younger  
29 students and we do ask the police to keep an  
30 eye out for this sort of thing.



1 MR. BOWLBY: Well I gather from this  
2 then -- since this is just one example.

3 Do I gather from this then that names of students  
4 are given to the police then?

5 REV. SIMMS: No, never.

6 MR. BOWLBY: Well then you are  
7 aware of the Narcotics Control Act and the Food and  
8 Drug Act and the severe penalties that rest on  
9 this Act for a student who is found in possession  
10 of drugs, are you not?

11 REV. SIMMS: Yes.

12 MR. BOWLBY: Now do you find  
13 that the very fact that these penalties exist  
14 prevent communication between the students and the  
15 teachers?

16 REV. SIMMS: No.

17 MR. BOWLBY: You don't feel there  
18 may be some fear on their part, that if they  
19 disclose their drug use or any problems they may  
20 have with drug use, that that might lead to their  
21 arrest and lead to their becoming mentioned in the  
22 penal section of these various statutes?

23 REV. SIMMS: In spite of what some  
24 of the more sophisticated students might say,  
25 there is somewhat an increase in communication,  
26 private counselling and so on, within our school  
27 systems, since this program was set up with  
28 regards to the non-medical use of drugs that we  
29 would dearly like to be able to go out and hire  
30 "X" number of more counsellors for our various





1 schools, but we are not allowed to because of  
2 finances under the Province and these well-trained  
3 people are not available even if we did have the  
4 money, but the amount of communication as indicated  
5 in here, has tremendously increased over the  
6 last couple of years.

7 MR. BOWLBY: Do you have any  
8 opinion or support any opinion on the applicacy  
9 of these laws as to whether or not, if a student  
10 is found in possession of marijuana and prosecutred  
11 for it, would carry a record under the present  
12 laws, for the rest of his life? Do you have  
13 any view or opinion on this that might be  
14 helpful to the Commission?

15 REV. SIMMS: We have not really  
16 gone into this part of it. It hasn't affected  
17 us very much.

18 MR. BOWLBY: But it could affect  
19 your students very much.

20 REV. SIMMS: But it hasn't though,  
21 at this stage. Personally I would feel that the  
22 penalties that are laid out and we told this  
23 to our counsellors, appear to be very severe  
24 on marijuana, for example.

25 MR. BOWLBY: Just one further  
26 question, in paragraph 8 you say discussion leaders  
27 find it difficult to present evidence of harmful  
28 effects of the use of marijuana and hashish.  
29 Am I to draw from that, that there is an emphasis  
30 or there is a wish to prevent harmful effects as



1 well as -- rather than a more balanced approach  
2 with some beneficial effects being there?

3 REV. SIMMS: We find that it is  
4 very difficult to talk to the students about  
5 its effects, for example, on their academic  
6 programs. We feel that it has an effect, from  
7 the experience of our principals and counsellors  
8 and educators that it has an effect, but it is  
9 very difficult for us to caution them on this, for  
10 example, because of the solitary effects that certain  
11 outstanding people seem to indicate it has.

12 THE CHAIRMAN: Gentleman at the  
13 microphone there?

14 THE PUBLIC: Yes, I would like to  
15 just make some general remarks rather than something  
16 specifically dealing with the brief that we have  
17 just heard.

18 I have been covering this thing  
19 for C.B.C. as a reporter. I was at Sir George  
20 yesterday, and here today -- kind of nervous, but  
21 I shouldn't be, and I have noticed two things.  
22 For one thing when you come here the discussion  
23 tends to be academic and very conventional in  
24 thinking, like the brief we received just this  
25 moment, and the one we got from the pharmacists  
26 yesterday. The ones we got at Sir George  
27 in the back door yesterday, were very personal,  
28 very human, and I wanted particularly to draw my  
29 remarks to Mr. Stein, because Mr. Stein pleaded  
30 yesterday at Sir George Williams for people who





1 are a part of a different minority -- a minority  
2 that is not really associated with drug takers,  
3 and that's people who are in the age bracket that  
4 I am in, 28 years old, who take drugs, who smoke  
5 marijuana quite frequently. I used to be a  
6 high school teacher. I was a teacher for two  
7 years and it became difficult for me to be a  
8 teacher and still retain the person that I could  
9 become or that I was. It is very difficult for  
10 us to leave teaching and now I am working at  
11 C.B.C. The thing is, in the high schools that  
12 I know of -- that is only two and it is very  
13 limited -- about 30% of the teachers, and that  
14 includes mostly guidance teachers, of all things,  
15 are ardent heads. They smoke regularly. I know  
16 this for a fact.

17 Now last night, Mr. Stein, I went  
18 home, I was moved by your remarks and I went to  
19 talk to some of these "drug" teachers, and I pleaded  
20 with them to come and testify in front of  
21 you people, but they are scared, they are really  
22 scared, they are scared like I am right now,  
23 because we figure we are going to be turned in,  
24 you know, and we are going to go to jail and  
25 none of us want to do that, and it is not worth  
26 it. But we are scared, and there are a lot of  
27 them, believe me, who want to come here and  
28 testify, but they are scared.

29 THE CHAIRMAN: Thank you.

30 REV. SIMMS: I would just say



1 I am glad he has found his place in the C.B.C.  
2 I mean that sincerely, not sarcastically, because  
3 people do move from one job to another, and they  
4 find themselves, hopefully, but I don't want to  
5 regard this as academic or provincial. We  
6 are dealing here with school students, and  
7 where you can parade perhaps university students  
8 before a group like this,--Professor Campbell,  
9 for example, was made welcome to hear from those  
10 students from the high schools, in closed sessions,--  
11 but we are not about to parade them in here today,  
12 and our remarks have to do with minors. We are  
13 not talking about adults, we are not talking  
14 about even twenty year olds, we are talking  
15 about adolescents, teenagers, elementary school  
16 children, and let us keep this in mind.

17 THE CHAIRMAN: Dean Campbell?

18 MR. CAMPBELL: There are a couple  
19 of questions I want to raise with the Board. You  
20 say on page 6 that the majority of these students  
21 did not use any drugs. Could you give us  
22 your impression in a bit more detail about the  
23 incidence of drug use in the schools, perhaps in  
24 terms of -- well, I realize this would have to be  
25 rather gross figures,--the proportion of students  
26 in the high school or senior high school level,  
27 who have at some time used drugs casually or  
28 experimentally; the proportion that use drugs  
29 fairly regularly, say perhaps a couple of times  
30 a week, and also any impression that perhaps you





1 may have of changing patterns of drug use in  
2 these populations; for instance: has there been a  
3 decrease in the instance of use of any drugs,  
4 or the increase in the instance of the use of  
5 other drugs? I have some particular concern  
6 here with speed, but I appreciate comments in the  
7 overall pattern.

8 REV. SIMMS: We did not do any  
9 surveys of our students. There is a survey that  
10 is made available to us from the Home and School  
11 and Parent Teacher Federation, an actual survey,  
12 and you are probably aware of this, so I really  
13 don't have to bring it to your attention.

14 You realize this matter on page 6 is written  
15 ago  
16 two years/when we first started out, so our views  
17 then and now would be slightly different. We  
18 feel there is a sizable percentage of the survey  
19 who have used it once or twice. We find that  
20 a lot of the children like to say that they are  
21 users, just to feel that they are part of some  
22 kind of in-culture or in-group. We feel that  
23 quite a large percentage of them have tried it.  
24 The regular users are much higher than we would  
25 like, but it is very difficult to put percentages  
26 on them.

26 One thing we have noticed is  
27 that in many places now, hashish and pot, if you  
28 want to call it that, are not the "in-thing".  
29 We find you can't control it. It is "dirty"  
30 I think, is the word that they use for it; you can



1 smell it, you can be caught for it, and the  
2 penalties are severe and we find that many of  
3 our students have moved on from the use of  
4 pot, unfortunately, to the use of speed and LSD  
5 and this is quite a common progression.

6 MR. CAMPBELL: In that progression,  
7 do you have any information or impression about the  
8 tendency to use other drugs, such as acid; is  
9 this related to the availability of marijuana  
10 or hashish?

11 REV. SIMMS: The students  
12 indicated that it was related very much to the  
13 availability of it, that when a new supply of  
14 LSD comes in that it is less expensive and  
15 therefore more available to them, financially.  
16 Sometimes this is too expensive for them to use,  
17 whereas speed is very readily available and  
18 very expensive, and many of the students have  
19 moved along from pot to speed.

20 MR. CAMPBELL: But you say in  
21 your brief that many students suggest to you a  
22 hypocrisy comparing the marijuana law, particularly,  
23 with the patterns of alcohol use in their home  
24 and the social adult response to alcohol.  
25 The sense of hypocrisy, rightly or wrongly,  
26 effects the credibility of the major social  
27 institutions and in fact the credibility of the  
28 dominant society to these students.

29 REV. SIMMS: Oh very much.

30 MR. CAMPBELL: Would you like to





1 expand on that?

2 REV. SIMMS: Well they feel,  
3 and this is their own feeling that they have given  
4 to us, that marijuana appears to be no more  
5 harmful than alcoholism and that many of the parents  
6 use alcohol very frequently with somewhat damaging  
7 effects because of the extensive use and they  
8 see no reason why they should not turn to, say, pot.  
9 In fact, many of them rightly or wrongly feel  
10 that pot is less dangerous than the way many of  
11 their parents use alcohol. This is the  
12 feeling that many of them have.

13 MR. CAMPBELL: Since not many  
14 people expect to use opiates, therefore we have  
15 to create a balance in social policy. The  
16 recommendation of physicians usually recognizes  
17 clinical harm and unfortunate as well as fortunate  
18 consequences. In balance, in terms of the  
19 social harm and the social good that is achieved,  
20 is it your opinion or the opinion of the Board  
21 that the present social response to marijuana,  
22 in balance, is socially wise or unwise?

23 REV. SIMMS: Of the response to  
24 marijuana --?

25 MR. CAMPBELL: The social response  
26 particularly to the structure of law; does it  
27 achieve in the end a greater good or a greater  
28 harm? I am putting it back in the context of  
29 these reactions to it. The sense of hypocrisy.

30 REV. SIMMS: Well, I am going to



1 turn this over in a minute to the Chairman of the  
2 Board, but I think that I would say this; a great  
3 deal has been said about the severity of the laws  
4 regarding marijuana and certainly they appear  
5 like the old capital punishment to be too severe.  
6 A great deal has been said that we ought to sell  
7 it in say, provincial stores, as we do alcohol,  
8 but of course our concern is with minors, and  
9 we don't sell alcohol in stores to minors.  
10 Neither would we consider that this sale would  
11 be to minors. Now, perhaps Mr. Tilley would  
12 like to say a word?

13 MR. TILLEY: No.

14 REV. SIMMS: Mr. Montin?

15 MR. MONTIN: Well, I would like to  
16 say to answer the first question about the expertise  
17 around, how wide the information is that we are  
18 attempting to spread. I think it is important  
19 to recognize that the program is under continuous  
20 evaluation, not in the least, by the teachers  
21 involved, and we have for each one of our training  
22 sessions, weekly long training sessions of  
23 discussion leaders. We bring in just these so-called  
24 experts in each of the areas, legal and medical,  
25 under law enforcement and these are the facts,  
26 it is not a question of them scaring students, or  
27 to bring about some moralizing lectures. It  
28 is more a question of presenting the facts as  
29 they are stated in the Criminal Code and  
30 the Food and Drug Act and we know at least when it





1 comes to the so-called hard drugs that we have  
2 medical evidence to back it up for more  
3 institutions of federal and international stature.  
4

5 So I don't think it is a question  
6 here of diluting the program at any time with  
7 personal opinions, and we really are quite particular  
8 about getting this across to the discussion  
9 leaders, that it is not the place for moralizing  
10 or it is not a question of speculations, it is  
11 rather a question of arming the student that is  
12 non-committed, so far, with the facts as we know  
13 them, and we think these facts are enough to make  
14 a student say, "No, I don't want it, because  
15 I don't -- I can't take this chance, I can't take  
16 this risk." To answer your question, sir,  
17 if they know about the consequences--I think  
18 most of the students are aware of the consequences  
19 of possession and I think this is what we are  
20 trying to tell them as we know them, as the  
21 parents are, if they are right or wrong.

22 And I think everyone knows it is no crime  
23 being an addict or a user, if you aren't found  
24 in possession of the stuff, so from that point of  
25 view/<sup>of</sup>the communication here -- we tried to  
26 create an atmosphere conducive to counselling,  
27 to talking, to have students cope with problems  
28 within the home or at least have somebody with  
29 whom they can relate. And if it gets a laugh  
30 in the school, the students are going to speak  
a moment, this is true, some students think it is



1 for laughs and while others are finding an outlet  
2 for their anxiety through this program. And  
3 I think the ones who have a little bit of a know-how  
4 can certainly question us teachers who don't  
5 know the actual consequences, who don't feel the  
6 good of being high on marijuana. This is true,  
7 but I don't think that it would minimize the  
8 message that is not by any means puritan, victorian  
9 or moralizing. It is simply another man  
10 trying to tell the consequences of use and being  
11 taught something that is not a healthy tendency  
12 and find out why; not to get them arrested  
13 or get them involved in a problem.

14 And I think the line you pick  
15 appear on preventing things<sup>that</sup> get out of control --  
16 I think the statement was, really concerned here  
17 about the student, that before he gets arrested,  
18 before he gets involved in some sort of a  
19 mess, things can be straightened out, and in  
20 that way, Narcotics Act or not, I think the local  
21 police force and I think the R.C.M.P. at all times  
22 shows a great deal of leniency and understanding  
23 and if things can be dealt with through the  
24 family physician or a psychiatrist or some other  
25 means, that is used before it becomes any kind  
26 of a legal case. Thank you.

27 THE CHAIRMAN: Excuse me. What  
28 about the third question which I thought you might  
29 address yourself to, and that is what are your  
30 views as an educator in intimate contact with these





1 students, understanding their problems and  
2 the effect of the laws on them, and their thinking.  
3 What are your views as to the adequacy of the  
4 present laws with respect to marijuana? You  
5 have these children in your care all day, you  
6 are presumably in close touch with them, and  
7 understanding the effect of the whole approach  
8 on these people and otherwise, and I would hope  
9 you would have accurate records of how many of  
10 these students have come into contact with  
11 the law and what has happened to them, and you  
12 would be able to tell us that.

13 MR. MONTIN: No, we wouldn't  
14 have figures on that either, and I think this is  
15 part of the Board's policy. We wouldn't know  
16 today how many pregnant girls we would have in  
17 our schools over the past five or six years.  
18 We could have some estimates, because these  
19 girls are welcomed back to school, and everything  
20 is done to make it as discrete as possible, and  
21 so I think this could fit into this context.  
22 However, in answering your first question, I  
23 think it is important that the students feel that  
24 they -- I lost the thread here -- that --

25 THE CHAIRMAN: What are your  
26 views as to the adequacy of the present laws with  
27 respect to marijuana?

28 MR. MONTIN: I think with  
29 education, that in the discussions, I think all  
30 laws is questioned, and discussed, but still I think



1 the school has to stand for the society's norms  
2 and even if the laws can be questioned, even if  
3 the laws can be discussed and possibly changed in  
4 the future, the fact is that the law is here and  
5 the law is being enforced by the police and by  
6 others, so I think it is a question here of a two-  
7 way street from an educational point of view:  
8 involve the student in discussions, but make  
9 him aware of the laws as they are and as they  
10 are being enforced at the present time.

11 THE CHAIRMAN: That is not an  
12 answer to my question. What are your views as  
13 to the adequacy of the laws? We know the laws --  
14 why they are enforced, have to be enforced.

15 MR. MONTIN: I think it is  
16 stated here in our brief here.

17 THE CHAIRMAN: Is it? There  
18 is no reference to the laws in your brief here.

19 MR. MONTIN: Well, I think if the  
20 whole -- okay, John.

21 DR. PERRIE: Mr. Chairman,  
22 your question is one which is really in my view  
23 very difficult to answer, because it is the  
24 kind of matter at the present stage at any rate,  
25 that the Board has not deliberated to the point  
26 where it, as a body, can pronounce itself in  
27 favour or against the laws as they now exist.  
28 Our role in this was primarily not to ignore  
29 a problem and to try and take some positive  
30 measures in the direction of utilizing the resources





1 of the school system to make a positive contribution.  
2 I would imagine among the Board members, as among  
3 teachers or as among any other segment of society,  
4 you will find a great range of views with respect  
5 to the law, and I think that one of the things  
6 that makes it exceedingly difficult to express  
7 a judgment would have to be an individual thing  
8 anyway, is the great uncertainty as to the long-  
9 term effects, the subject we discussed earlier  
10 today, the long-term effects of marijuana, and  
11 I think that in the absence of that kind of  
12 positive evidence it is impossible really for the  
13 Board or any of its individuals to make up a  
14 positive statement that the laws are too harsh  
15 or they are too easy. There is not enough  
16 evidence for me personally to give you a  
17 judgment that I would be able to give you with  
18 confidence and I think that is the position  
19 which everyone and perhaps everyone in this  
20 room finds his way, the same as Mr. Montin  
21 mentioned in the brief at page 3, "Be it recommended  
22 that students be given help through the school  
23 and/or in the community rather than be expelled  
24 or suspended from school." I think that is our  
25 stand on the matter and I think it is quite  
26 legitimate. I think we are talking about a  
27 school law here, in our attitude. We don't  
28 really have that much to do with the legality  
29 of it except that we make them aware what the  
30 laws in the land are, and we train them in



1 citizenship. I mean, after all, this is part  
2 of our educational program and we have to show  
3 them what the laws are, and as we said, we can  
4 discuss them, but we are not really going to  
5 pronounce against them.

6 THE PUBLIC: Excuse me a second.  
7 Please, I don't like to butt in, but I have some  
8 extremely relevant information for the School  
9 Board.

10 Now, I don't want to criticise you.  
11 I will tell you something. I am working for  
12 a drug company, in the Lachine-Dorval area,  
13 and I have come -- I have been in contact with the  
14 kids in the Lachine high school boards, and you  
15 were saying before how pot was considered now a  
16 little dirty and acid and speed and all kinds of  
17 these things are better. Well, I'll tell you  
18 something. The people in the school can't talk  
19 to these kids, the kids don't want to listen to  
20 them, but I have talked to them and I am on a  
21 drug committee, for the Y.M.C.A.

22 Now, they -- all summer, acid and  
23 speed are the thing. Now the kids leave it  
24 alone. It is a weekend thing, but most of them  
25 are stopping now, because you can't go back to  
26 school on Monday after being on acid because it  
27 is just like a freaky thing for them. But  
28 anyways, what I am trying to say is the school  
29 administrators and the teachers cannot get through  
30 to these kids. I am only 17 years old and I can





1 get through to them, and the people from the  
2 drug clinics and Y.M.C.A.'s can get through to  
3 them, the detached workers, and I want to say  
4 something now, that I feel Dr. Unwin should have  
5 a chance to talk because he has been waiting  
6 here for three days and you haven't given him a  
7 chance yet, and so I say, please, he has something  
8 good to say, will you please let him talk?

9 THE CHAIRMAN: I think perhaps  
10 at this stage I should make some progress,  
11 further progress in our hearings, and call on the  
12 next speaker. We intend to hear Dr. John Unwin,  
13 but we also have a Dr. Cohen who has come to give  
14 testimony on the effects of LSD and he also  
15 has been waiting, and as a matter of fact, he  
16 was supposed to be here yesterday, but his  
17 flight could not get in.

18 Gentlemen, I would like to thank  
19 you for your help in this submission this morning.

20 THE PUBLIC: Could I just say  
21 something before the School Board leaves? I  
22 have been in contact with four schools where there  
23 is drug program, and they have shown eight films,  
24 and a mediocre film, as I feel, as a parent, has  
25 a bad impression. After the film has been  
26 shown, it is too late, it is particularly a mediocre  
27 film. There is one high school in the area  
28 where we did a survey with the students. We  
29 found 40% of the students were using marijuana or  
30 other drugs. The principal of the high school



1 refused to admit that there is a program in the  
2 school, so no program is allowed in the school.  
3 This is the Montreal -- Greater Montreal School  
4 Board school, and there are three other schools  
5 within a ten mile proximity where there is no  
6 drug program, and I think that the report --  
7 you have worked on it for a long time, two years  
8 you say, but it is full of loopholes and two years  
9 ago, from the beginning is too late now. We  
10 have to get down to something that is more  
11 positive in the schools and soon.

12 DR. PERRIE: Mr. Chairman, I  
13 don't want to prolong the meeting, I just simply  
14 want to say that it is a matter of factual record  
15 that for everyone of the drug sessions containing  
16 teachers that we undertook, whether they are as  
17 constructive or as useful as we think they are,  
18 or other people think they are, isn't the point.  
19 Every single one of the twenty high schools that  
20 are under our jurisdiction were represented by  
21 staff members, and the teams that Mr. Simms  
22 referred to in terms of numbers exist in all of the  
23 high schools. Now, how well that is being  
24 implemented in the buildings that have been  
25 identified here today -- of course we have to  
26 rely on the agents who have been given the  
27 responsibility for translating this, in practice  
28 at the local level, but it is imputive to the  
29 Board that the efforts haven't been made  
30 to cover these particular acres. It is something I would





1 just like to clarify for the record, Mr. Chairman.  
2

3 THE CHAIRMAN: Thank you.

4 Thank you, Gentlemen, very much for your  
5 assistance this morning.

6 I call now on Dr. Cohen,  
7 Division of Human Genetics, Department  
8 of Pediatrics, Children's Hospital, Buffalo,  
9 New York. Dr. Cohen is a geneticist who has  
10 done extensive research on the effects of drugs  
11 on chromosomes, has gained an international  
12 recognition for the research on the relationship  
13 between LSD and chromosome breakage. Dr. Cohen.

14 DR. COHEN: I don't know  
15 exactly what the procedure you want me to follow  
16 is, but I assume you want me to ---

17 THE CHAIRMAN: I think we would  
18 like to hear particularly and without any sense  
19 limiting you -- I think we would like to hear  
20 particularly your views as to the state of  
21 knowledge at this time concerning the effects of  
22 LSD, and more particularly the possible effects  
23 that you, I believe, were among the first to  
24 identify, that is, the effect on chromosomes.

25 DR. COHEN: I assume the  
26 presentations yesterday went into approximately  
27 the medical problem, and some of the psychological  
28 hazards as well, of LSD, and I think for starters  
29 we might as well say that to the best of our  
30 evidence, at this particular moment in time, that  
the psychological hazards much outweigh any of the



1 so-called medical, genetic hazards that we  
2 can identify or conclusively point to, at this  
3 particular time. It has been almost three  
4 years now since we first observed the effect of  
5 LSD on human chromosomes, that is, the effect of the  
6 drug to break chromosomes and since the initial  
7 report which was published in March of '67, there  
8 have been quite a number of studies of various  
9 types which have looked at this particular  
10 problem.

11 Now, these studies are of  
12 different perspectives in that some of them are  
13 what are called invitro studies or artificial  
14 studies, for instance, in which tissues are taken  
15 from an individual, blood in most cases, an  
16 individual who is not using the drug, but  
17 to which tissue the drug is added in test tubes.  
18 In other words, the drug does not get into the  
19 system of the individual at all. This is the  
20 so-called invitro system, which for dealing with  
21 drugs and abuse in this particular category  
22 the agents would be the first logical step of  
23 approach. We don't know what the hazards are  
24 in many of the agents that we test, so we won't  
25 get the side of the so-called life-like situation.  
26 There have been four such studies to my knowledge,  
27 which have been reported in scientific literature.  
28 All of these have been somewhat positive and what  
29 I mean by positive, is that they show an increased  
30 rate of chromosome damage, through cultures of





1 blood cells to which the drug has been  
2 added. There are some technical problems here  
3 which I will try to go into later, but in this  
4 particular category, where we have the so-called  
5 in vitro there is evidence of potential capability  
6 of increasing chromosome damage .

7  
8 Now the second type of study which  
9 has been utilized very widely by many people is  
10 the so-called in vivo study. There you have  
11 chromosomes derived from people who are using  
12 the drug. Now this poses tremendous problems  
13 in trying to assess and compare such studies,  
14 because I am sure all of you are aware and have  
15 heard yesterday of the poly-pharmacy or multiple drug  
16 usage, the habitual users of particularly LSD.  
17 It is very very difficult to find a straight LSD  
18 user because there is the concomitant usage  
19 of LSD, speed and various other agents  
20 So that these are complicating factors in all of the  
21 studies that have been so far attempted on an  
22 in vivo condition, that is looking from the cells  
23 of the individuals using the drugs per se.  
24 We have the ~~problem~~ with the other drugs being  
25 used at the same time. Another problem which is  
26 very vexing in this particular area is trying to  
27 quantitate the dosage with which individuals  
28 suggest that they are using these drugs. We  
29 ran a study about two years ago, in which we  
30 examined individuals who were self-admitted to the  
Bellevue Clinic in New York City, for getting into



1 trouble with LSD usage. Now these were individuals  
2 not from hippy communities, they were from the  
3 straight communities, so to speak, the types of  
4 individuals who the young man referred to today  
5 as using marijuana, these were in many cases  
6 high school teachers, guidance counsellors, social  
7 workers, members of university faculties, who  
8 were using LSD for whatever reason they were using  
9 it, but they were getting into trouble with the  
10 drug, and admitted themselves to the care of  
11 Dr. Frosh at Bellvue.

12 When we examined these individuals,  
13 we ~~examined~~ the chromosomes derived from these  
14 individuals, rather, and at the same time asked  
15 them to bring in samples of the acid that they  
16 were using and invariably none of it, first of all  
17 was pure acid, it was cut back with other agents  
18 such as speed. Secondly the dosage with which  
19 these individuals thought they were dosing  
20 themselves was approximately 1/10th actually  
21 of what is being sold to them--it is pure  
22 economics. A lot of this is very suggestive  
23 of what the pusher is telling you that you are  
24 going to get, so if you expect to get high from  
25 a potent batch of acid, you are going to be more  
26 or less prepared for it. So that we have in the  
27 in vivo studies, so to speak, two very grave  
28 compounding errors from the scientific study.  
29 Number one, we don't know anything about the  
30 purity of the drug. Secondly we know very very





1 little about the dosage of the drug. There is  
2 another type of in vivo study however, that tried  
3 variables  
4 to control some of these and these are studies  
5 looking at chromosomes from individuals who are  
6 being given LSD in the therapeutic sense. There  
7 are three such studies, -- again, each one of them  
8 suffers from some very obvious drawbacks.

9 The first and probably the most  
10 obvious is -- most of these studies were done on  
11 psychopathic patients, they were given for treatment of  
12 Obviously,  
13 various psychotic states. in patients like this,  
14 LSD was more or less the last resort to try to  
15 pull out some sort of therapy. These patients  
16 received other drugs prior to LSD. In the  
17 one study, which is probably the most optimum  
18 study, as far as controlling these types of  
19 variables, there were only three patients, so we  
20 are suffering here from a size or a statistical  
21 factor of such a size.

22 The upshot of what I am trying  
23 to say is that all of these studies thus far,  
24 reported, including our own, suffer from one type  
25 of drawback or another and these are the facts  
26 that chromosome studies in almost virtually all of the  
27 cases were not done prior to usage of the drug,  
28 so that we have no pre-drug controls, secondly we  
29 have no real evidence as to what the history of  
30 the individuals we were investigating really is  
concerning exposure to radiation in the recent  
past, which also breaks chromosomes or other drugs,



1 that also break chromosomes or something as  
2 innocuous as some virile infections which may  
3 also break chromosomes. The second drawback  
4 I mentioned before was the lack of concrete  
5 evidence concerning dosage and the fact that  
6 many of the in vivo studies utilizing user  
7 populations, these were one-shot affairs, where  
8 we had no opportunity to conduct a long-time follow-up.

9 Now this is pointed out as a  
10 grave drawback to some of these earlier studies  
11 and in some of the studies which were taken on  
12 in a therapeutic setting where opportunity was  
13 available for long-term follow-up, it was  
14 shown that in approximately eight months to  
15 a year, the chromosome breakage frequency returned  
16 to normal rates in the individuals tested.

17 I will qualify this in a few moments. This  
18 does not mean that everything is okay, the fact  
19 that these individuals no longer show increased  
20 rates of chromosome breakage. The possibility  
21 that the chromosomes appear normal but are not  
22 really normal, is a very real one. At our  
23 present level of microscopic investigation it is  
24 quite difficult for us sometimes to tell a  
25 which chromosome/has been broken and has re-healed in-  
26 correctly, from the normal chromosome. And the  
27 in fourth very very large drawback is that/ most of these  
28 studies, adequate numbers of patients were not  
29 investigated really.

30 While investigating a drug such as





1 LSD which in most cases with the exception of  
2 very few studies is elicitedly obtained, these  
3 particular problems face us, and there is not very  
4 much we can do about them, except perhaps try to  
5 devise experimental methods which will obviate  
6 some of these obvious difficulties. And when  
7 we try to assess, as we are now trying to assess  
8 the overall knowledge that we have in the past  
9 three years concerning LSD and chromosome breakage,  
10 try to cull from the literature, all the reports,  
11 the various types of reports, good and bad reports,  
12 controlled and non-controlled experiments, you  
13 can well see that the results might be very well  
14 conflicting and this is exactly what has  
15 happened with LSD. They have been something  
16 akin to the third law of motion; for every action  
17 there is a reaction, practically for every paper  
18 that has come out with positive results, next  
19 week a paper will come out with negative results.

20 And these are, I think, lots of  
21 these difficulties are due to the various types  
22 of systems that are used to acid,  
23 biological capacity of this drug. LSD has been  
24 investigated in man, and has been investigated  
25 many times in animals, it has been investigated  
26 in rodents as well as fruit flies, and people  
27 are trying to draw analogies from these various  
28 types of studies which biologically may or may  
29 not have any closeness to each other.

30 Secondly, people are also trying



1                                between                                in vitro studies and  
2 to draw analogies            the so-called/in vivo studies,  
3 and we don't really know if what goes on in the  
4 test tube actually goes on in the body, and there is  
5 a great belief that the metabolic pathways  
6 are very different in our body as to what occurs  
7 in a test tube.

8                                Also I have already pointed out  
9 some of the drawbacks to the therapeutic studies  
10 using pure LSD but these are the types of studies  
11 that must be done, provided they are properly  
12 designed and properly constructed.

13                                Now I don't want this to appear  
14 as a complete whitewash, because it isn't.  
15 If we have to make some sort of a judgment concerning  
16 the effects of LSD, I would be the first to say  
17 that any agent which can show chromosomal breakage  
18 in any type of a system, is suspect.            Now we  
19 had a discussion,            here            before about the long-  
20 term effects of marijuana and the difficulty of  
21 trying to convey this type of long-term effect  
22 to high school students or younger students.  
23 I don't want to belabour you with the theoretical  
24 considerations of a genetic load or the long-term  
25 possible genetic effects since we are dealing with  
26 genetic material, here, the DNA, because these are  
27 rather esoteric and they may take several  
28 generations before we actually see any inkling  
29 of any dirty business concerning that particular  
30 drug.            But if we look at the various types of  
                              from  
assays/which we can screen agents like this,





1 we have those first of all which can show us  
2 chromosomal breakage, we have assays that can pick  
3 up so-called mutigenesis where we incur or  
4 we induce mutations in a genetic material which will  
5 show up in subsequent generations, we have  
6 assays which can show us whether or not a drug is  
7 a teratogen in other words, can it cause  
8 malformations when a pregnant woman is subjected  
9 to it, will it cause malformations in the  
10 offspring, and we have assays which will show  
11 us whether or not this is a direct genetic

12 effect. And what I mean by that,  
13 are the chromosomes or are the genes  
14 in the cells which are going to give rise to  
15 sperms and eggs in any way affected and is this  
16 effect going to be propagated through the various  
17 generations.

18 Now there is an almost one to one  
19 correlation for drugs which are shown to break  
20 chromosomes in certain <sup>systems</sup> to be mutigenic.  
21 Also there is a high correlation between drugs  
22 that are capable of causing chromosome to breakage  
23 and cancer formation.

24 Now this is not to say, and I don't  
25 want to be misinterpreted or misquoted, this is  
26 not to say that LSD can cause cancer. We have  
27 no data which can bear on that subject at this  
28 particular time. However the association between  
29 chromosomal damage and neoplasia is well established.  
30 Whether this is a positive association, we don't know.



1 We don't know which event comes first, the  
2 chromosomal breakage or the cancer, but the two  
3 do go hand in hand. As far as the creation of  
4 monsters in women who take LSD during pregnancy,  
5 the data of animal studies, at least three or four  
6 animal studies will indicate that LSD is a  
7 powerful teratogen and can cause malformations in  
8 offspring. In our laboratory as well as two  
9 other groups in the United States, we looked at  
10 offspring of women who had taken LSD during  
11 pregnancy. We saw elevated chromosomal breaks  
12 in the children indicating that the drug at least  
13 can get across the placenta. There is a much  
14 more elegant demonstration of this using radioactive  
15 LSD in pregnant animals showing that the radioactivity  
16 is localized specifically in the brain tissue  
17 of the fetuses, so that we know that drug can  
18 get to the offspring. Thus far, these children  
19 are quite young, but as far as we can tell, we  
20 can demonstrate no congenital malformation in  
21 these children. There have only been approximately  
22 twelve of them looked at in the United States.  
23 They are still too young to be evaluated  
24 psychometrically or psychologically so we can  
25 say nothing at all about them, the mentation.

26 This causes the problem then  
27 that we have quite a few women in the United States  
28 and Canada, to be sure, who have exposed themselves  
29 during pregnancy to LSD, why aren't we facing  
30 another thalidomide disaster, why aren't we seeing





1 two-headed monsters? There is an answer to  
2 this, and it is not to say that the drug does not  
3 have an effect, <sup>it could</sup> have an effect that may not be  
4 seen as yet. And the reasoning behind that is  
5 the following: that an animals studies not only  
6 for LSD but for most other agents, they act for a  
7 specific and short time in the genesis of various  
8 organs. If  
9 we can make analogies from the animal work about the  
10 gestation in man, this comes sometime from  
11 the sixteenth to the twenty-second day of the  
12 human pregnancy. This is even before the female  
13 knows she is pregnant. Now, what may occur if the  
14 malformations that have been induced in the  
15 animal also occur in males, at this particular  
16 early stage these malformations may be gotten rid  
17 of in the next month as a miscarriage, and would  
18 just show up as a heavy period and the girl will  
19 just think that she is being <sup>irregular</sup> and completely  
20 overlook the fact that this is a true abortion,  
21 so the effects may be there, but we are not  
22 taking it up yet, because it is very very early.

23 Now the third point and possibly  
24 from the geneticist's standpoint, the most  
25 important one, <sup>is</sup> is, this truly a genetic effect  
26 and as I pointed out before the place we have to  
27 go to is right to the germ cells, to those cells  
28 that are going to give rise to eggs and sperm.  
29 I think you can appreciate the difficulty of  
30 doing this in human populations. We have attempted



1 to do this however, in animal studies. There have  
2 been three such studies, one in my laboratory,  
3 one out of England, one out of Denmark using  
4 mice and two out of three have shown positive  
5 definite chromosomal abnormalities in the germ cells  
6 which have given rise to the next generation being abnormal.  
7 Dr. Gebbor Abbot down at the Georgia Medical College  
8 has shown that in hamsters a single injection of  
9 LSD to pregnant hamsters will cause effects that  
10 he can pick up for three generations later.  
11 While this is more or less suggestive evidence,  
12 it is animal studies, it is in vito experimentation,  
13 nonetheless we are dealing with a drug here  
14 that does cause chromosomal breakage and as I  
15 pointed out before, I think we have to be very  
16 very careful with all agents which can cause  
17 chromosomal breakage and I think that the chromosomal  
18 story or the chromosomal asset is probably the  
19 first indication that we should be suspicious  
20 of such a drug, and bring to bear the other types  
21 of assays which I mentioned before -- the test  
22 for mutigenicity, the test for carcinogenicity  
23 the test for cancer production, these tests must  
24 go hand in hand, and I think it is high time  
25 that the government in your country and my  
26 country, start bringing pressures to bear on batteries of  
27 such tests in various types of multiple systems  
28 so we can come out with some sort of a definitive  
29 statement regarding one compound or another, rather  
30 than rely on isolated reports here and there





THE CHAIRMAN: Thank you very much, Dr. Lehmann.

DR. LEHMANN: Dr. Cohen, this was a most lucid exposition of the problem, but there are a few things that are coming up again over the suggestive evidence as you call it, of chromosome breakage. You said already that in certain cases there is a one to one relationship to cancer, and others there isn't.

Now, are there any particular chromosome breakages such as the Philadelphia type, or others that are particularly related to the specific kinds of blood, for instance, leukemia, or is any chromosome damage potentially dangerous? This is question number one. Number two: what about the many substances which produce, besides radiation, which we are all exposed to, and virus diseases, for instance, I understand that an attack of chicken pox just plays havoc much worse than LSD on our chromosomes. What is the significance of this also taken in consideration of other substances we take? Caffeine, I understand, is a chromosome breaker. And finally, do we know anything about the relationship -- not finally, but it is one of my questions, the relationship -- the difficulty between transferring evidence from different species from one to another, in other words, do we know that hamsters and rats invariably are affected and their offspring -- or cancers. To what extent can we generalize this to man, and finally, do we



1 know anything about other than LSD, other  
2 psychotropic drugs, for instance, tetrahydrocannabinol.

3 DR. COHEN: Okay, to go back to  
4 the first question, the significance of chromosomal  
5 breaks: I think we have to look at this from three  
6 points of view.

7 THE CHAIRMAN: Excuse me, I gather  
8 we are getting a little loss of power here.

9 Are we getting the tape?

10 All right.

11 DR. COHEN: To go back to the  
12 question of significance of chromosomal damage, I  
13 think we have to look at this from three points of  
14 view: No. 1: what is the consequence to the individual  
15 himself who has the chromosomal damage, to the user,  
16 himself? The second consideration would be, what is  
17 the consideration to a child being carried in utero  
18 who shows chromosomal damage, and the third is the one  
19 I pointed out before concerning chromosomal damage  
20 in the gametes, the sperm and the egg.

21 We come back to point No. 1: what  
22 is the significance of the chromosomal damage to the  
23 individual himself who takes these drugs or is  
24 subjected to a particular agent: again, we have no  
25 hard and fast data concerning drug usage at this  
26 particular time. The best analogy we have is to  
27 radiation. Most of us are aware, I am sure, of  
28 the correlation between radiation and induction of  
29 cancer. And as you point out, the case of the  
30 Philadelphia chromosome which is a specific type of  
chromosome breakage, which is the only specific  
chromosomal abnormality that we know of which is almost  
100% correlated with the specific type of leukemia.

Now, there are a group of diseases





1 which to the best of our knowledge at this particular  
2 point are not caused by a virus or not induced by  
3 radiation and nor are they induced by any environmental  
4 agent that we know of. These are genetically inherited  
5 diseases which are Blume syndrome, [Phanconi's] anemia  
6 and [apaxia phiaangectasia]. These three diseases  
7 are recessively inherited but if you happen to look at  
8 the chromosomes of individuals affected with these  
9 diseases you see a tremendously high rate of  
10 spontaneous chromosomal breakage, without the induction  
11 by any agent that we are aware of. Very often, the  
12 cause of death in these cases is either cancer or  
13 leukemia of some sort. So that, again, we have this  
14 association between chromosome damage and [neoplasia]  
15 and I don't think we have any evidence at this particular  
16 time to say whether it is causal or not, but the  
17 association is there. This is one very great consideration  
18 obviously, <sup>to</sup> who has chromosome damage, the formation  
19 of abnormal cells.

20 To say that, as has been pointed out  
21 by these controlled studies, that we see a transient  
22 rise in chromosome damage with a subsequent decrease  
23 after approximately eight months to a year, to say  
24 that these individuals are beyond suspicion, I think  
25 would be somewhat falacious, because as I pointed out  
26 before, chromosomes do reconstitute, they do rejoin  
27 once they are broken, but the possibility that they  
28 rejoin in an incorrect fashion is very high. And these  
29 types of cells which contain abnormal chromosomes may  
30 give rise to what are called [clones] of cells and  
may be perpetuated as in abnormal population of cells  
in any body and may also arise in the germ cells of  
such individuals which, in this case, will be  
passed on to the next generation.



1 And there is adequate evidence from clinical chromosome  
2 study, not necessarily studies of those abnormalities  
3 which have been induced but on spontaneous basis of  
4 clinical material of such types of abnormalities  
5 being passed through generations of given families,  
6 with the concomitant malformations and retardation  
7 that goes along with it. So I think there is very  
8 much significance to the individual who has  
9 chromosomal damage. There is a lot to be considered.  
10 At this particular point in time, we haven't had  
11 enough time to assess a population under rigid  
12 enough controlled conditions to come out with a  
13 definitive statement.

14 Now, your second point, relative  
15 to the other substances which are chromosome breakers,  
16 and as you say there has been much relative against the  
17 argumentation of chromosome breakage, the idea that  
18 caffeine will do it, virus infections will do it;  
19 cyclamates will do it under some conditions -- cyclamates  
20 is an entirely different situation because this is  
21 a genetic polymorphism, it's not the cyclamates per se  
22 but it's the matter of the metabolite which breaks the  
23 chromosomes and not everybody is able to convert this,  
24 so the whole population isn't really at risk.

25 The other substances, for instance  
26 the virus infections; you mentioned chicken pox,  
27 measles. These agents, if you catch an individual  
28 right after infection, his leucisites or his white  
29 blood cells will show chromosome breakage. But this  
30 isn't the same type of chromosome damage that we are  
dealing with with the chemicals. These cells are  
probably laden with virus, these are cells which  
are dead-end cells which are about to die anyway, and





1 what we see is the effect of the virus which is still  
2 sequestered in these cells or in the chromosomes.  
3 These are transient in nature and usually, within a  
4 week or two after the infection is gone, you cannot  
5 demonstrate any chromosome damage whatsoever in these  
6 individuals and I think that we have a large enough  
7 population of individuals that have <sup>been</sup> exposed to  
8 measles and mumps to rule out any long term effects  
9 in these particular types of viruses relative to  
10 cancer.

11 The other agent you mentioned is  
12 one that gets thrown in my face all the time, is  
13 caffeine. It's true, caffeine does break chromosomes  
14 in onion root tips and in vitro experimentation. It  
15 has never, to my knowledge, been known to demonstrate  
16 any chromosome damage in any in vivo test system  
17 whatsoever. And in order to utilize the same types  
18 of concentration of the drug that have been used in  
19 the in vitro systems to make an analogy to man, I  
20 think we would all die of flooding or drowning, trying  
21 to drink enough coffee before we'd break our  
22 chromosomes.

23 Now, the next point was  
24 transferring evidence from species to species. I  
25 don't feel that I am really qualified in making these  
26 types of statements. I think that the pharmacologists  
27 are the ones who must get into this particular area  
28 because they are the ones that can best compare and  
29 contrast the roots of metabolism in various animals.

30 One thing, however, that we do  
know, is that animals do behave differently from  
men and as far as LSD is concerned, it's quite  
widespread knowledge, it's maybe anecdotal or  
hypophoral, but it's still interesting that the mouse,



for instance must be given anywhere from ten to twenty-five times the dose given to a man in order to elicit a high. Now how the psychologists measure a high in a mouse, I don't know, but apparently they have ways of doing it. On the other end of the scale, there is the very famous story of the minute dose of LSD which killed the elephant in the Kansas City Zoo. So we do have good evidence that animal species differ, but nonetheless, I think all joking aside, that there is relevance in animal studies, but I don't think that we would ever consider going out and doing human experimentation willy-nilly with drugs of this particular nature. We have to start somewhere.

The fourth point you brought up is other psychotropic drugs. To my knowledge, *psilocybin* has been looked at from the standpoint of chromosome breakage. This was done by Dr. Herman [Withgo] at Harvard, and in the several patients that he looked at he did also find increased chromosome breaks.

Now again, this is a very small study. Some of the other agents which have been used, so called psychotropic, and in this classification, have been tranquilizing agents. We studied a series of them, there has been a series of studies in the Scandinavian countries, and all the reports so far as far as the tranquilizers are concerned, have been negative.

As far as ~~THC~~ is concerned, or chromosomal studies and marijuana, there have been several. This again poses great problems; first of





1 all it is not a pure chemical product, all of the extracts  
2 that have been tested are just resins or extracts of cann-  
3 abis, and in the process of extracting these to utilize an  
4 assay we don't know whether or not we have the active ingred-  
5 ient ---

6 DR. LEHMANN: THC<sup>2</sup>?

7 DR. COHEN: THC has not been tested,  
8 and to the best of my knowledge whether or not THC, the  
9 Delta 1 or the Delta 9 is used makes an awful lot of diff-  
10 erence, so this is a very [loba] molecule from what I am  
11 told, and it is very difficult to get the active ingredient  
12 pure. I understand the Israelis have syntheclized it  
13 recently. Some of it was sent to this country to be studied  
14 -- or to the United States to be studied, and it deterior-  
15 ated in transit. So the so called active molecule is a  
16 very, very difficult thing to get a hold of.

17 All of the studies that have been done  
18 however, with crude extracts of marijuana, are very poorly  
19 designed, and I would not even want to say anything about  
20 the results, positive or negative. I don't think they were  
21 considered.

22 DR. LEHMANN: What could be done now  
23 with PHD?

24 DR. COHEN: Provided you could get,  
25 and prove, what you have in your test tube is the active  
ingredient which brings on the psychotropic effects, I think  
very definitely that they should be tested. They should be  
tested in all of these systems, not only for chromosome  
breakage, but there have been two papers, one positive and  
one negative, as far as [parathogenesis] of marijuana



extract is concerned in rabbits.

People are beginning to look at this now, and I would very highly agree that, yes, these types of studies should be undertaken provided we have a pure compound to test.

THE CHAIRMAN: Have there been any tests done on the effects of alcohol?

DR. COHEN: Yes, I think we are all walking tests of that.

THE CHAIRMAN: No, I mean on animals; any particular tests?

DR. COHEN: No. There have been no tests that I know of that have shown anything conclusively.

(Portion of question by Board Member inaudible due to power failure)... the effect of chromosome damage through LSD despite the fact that the estimated dosage was relative to dosages much higher. What would you suggest in terms of control and drug research, as far as that?

DR. COHEN: O.K. You are talking about a paper -- several series of papers by ( Cordeau and Jardic ) This is true, in the particular system which they were using, aspirin levels did show in vitro chromosome damage increase -- over the controls -- increased in the same approximate ball park as the LSD damage in vitro.

We have done, not in vitro examination, but in vivo examinations of salicylic poisoning in children, and find absolutely nothing. This goes back to the objection that I raised before about trying to go from -- step from in vitro to in vivo considerations. The





metabolism in the body of a given drug may completely differ from what is happening in the test tube. But we are now involved in a big salicylic experiment both in vitro and in vivo.

(Portion of question by Board Member inaudible due to power failure)...especially with caffeine in the courses of in vivo studies in same species. Is there any evidence now of chromosome breakage in humans due to LSD to permit ... (inaudible)

DR. COHEN: For giving therapeutically, yes. As I said, these are transient changes however. Now all we can say about the bulk of the studies, ours included, that were done on user population, is that individuals using LSD plus a host of other drugs, show increased chromosome damage. But we are not through those studies yet, and this is the point that I am trying to bring out, that we must, now, start to think about large epidemiological studies which are well controlled. They are going to be difficult to do, because the populations are going to be very difficult to find to control them properly.

We can't just go out and take a population of LSD users, and compare them with non-LSD users. I am sure you are aware, or at least, must have heard testimony concerning itself with the living conditions in the so called enclaves of the LSD cult. Venereal disease is rampant, hepatitis rates are extremely high. These types of populations are going to be very difficult to compare and to contrast in a purely scientific way.

THE PUBLIC: Doctor, we are to take it then that in vitro LSD injected into cells, do cause in



some cases, chromosome breakage?

DR. COHEN: In almost all cases.

1 THE PUBLIC: In almost all cases. Is  
2 it not true that in vitro if you add any substance that is  
3 not normally in the cell, to that cell, some sort of chromo-  
4 somal aberration will occur?

5 DR. COHEN: No, that is not true.

6 THE PUBLIC: Well, to be specific, and  
7 I am quoting my genetics professor, if you add salt and  
8 pepper to a cell in vitro, chromosomal breakage will occur.

9 DR. COHEN: Now, we ~~would~~ have to  
10 start from where that was published. That is not true,  
11 because as a matter of fact, we have done that. O.K.?

12 Now this is a complete fallacy that  
13 if you add anything to the system in vitro, then it will  
14 break the chromosomes, this is absolutely not true, because  
15 there are hundreds and hundreds of compounds which we can  
16 add to cultures and get absolutely no effect.

17 THE PUBLIC: Well caffeine will cause  
18 chromosome breakage?

19 DR. COHEN: In vitro, but not in vivo.

20 THE PUBLIC: Well it just seems to me  
21 that a great deal of controversy has now been stirred up  
22 over caffeine as a result of this, and there -- I wonder if  
23 there is a great deal of research being done with caffeine  
24 in vivo.

25 DR. COHEN: Yes, there is, there is.  
It may not be a social -- or highly in issue, but the  
individuals that are involved in mutagenics, concerned with  
the so called environmental mutagenics are really after





caffein as one of the suspect agents.

THE CHAIRMAN: Doctor I would like to thank you very much.

We call now on Dr. John Unwin.

DR. UNWIN:

Could I ask you where you people are supposed to be at what time, next?

THE CHAIRMAN: Well, we are running a bit behind on our schedule, but that is because we have so many interesting (inaudible)

DR. UNWIN: Thank you Mr. Chairman. I would ask you to allow me to assert quite clearly, at the outset, that I am speaking to you today as a private individual. Can the press hear me?

The reason I would say that, is that I would ask you to note, and I particularly ask it of the press and other media to note -- I would particularly ask the press to note -- I assure you Mr. Chairman, this has nothing to do with my present status.

I am trying to stress, and I would like to stress this very, very clearly Mr. Chairman, that the opinions I am expressing this morning are strictly private ones, and I do ask the press particularly to note this, that I am not speaking on behalf of any organization, or institution.

I think I perhaps don't need to give you qualifications for my experience, Mr. Chairman, I would note that I am speaking as a psychiatrist who has for several years, specialized in the problems of youth, who has conducted research into the problems of adolescence, and college students, and who has been the key-note speaker



1 or panel member at some thirteen university conferences on  
2 drugs in the past year or so, and that's an article, "The  
3 Illicit Drug Use Among Canadian Youth", which was published  
4 in the Canadian Medical Association Journal last year, has  
5 drawn requests from around the world, for over six thousand  
6 copies.

7 As a youth psychiatrist, I have of  
8 course, been deeply involved as both an observer and a  
9 therapist in the youth drug scene, for about the last two  
10 and a half years. I find it difficult to know what to say  
11 to you. I know you need information. I think perhaps the  
12 C.M.A. position paper I gave you does contain some of the  
13 type of information, or at least one opinion of that  
14 information that you may want.

15 What I would like to comment on today  
16 briefly, because my main wish is to help the Commission in  
17 its deliberations, to comment briefly on some of the things  
18 that have been happening here in Montreal since the Comm-  
19 ission started, because I think they are totally sympto-  
20 matic of the issues with which you are dealing.

21 I am quite sure that you are aware  
22 by now, that you are not just dealing with a drug prob-  
23 lem. You are dealing with a very, very complex social  
24 problem involving our youth and involving our adults, and  
25 Madame Bertrand has said that she is already aware of this  
-- I read an interview in La Press, where you had said  
exactly that, that this has gone way beyond the problem  
of simple dangers of drugs.

I get the impression from what Glen  
said this morning, when he said Dr. Unwin hasn't had a





chance to speak, I think perhaps what he is really saying, is that they want a spokesman.

Now this may only not be, but I would stress to the young people in this room, that they have absolutely free access to the Commission. I think perhaps what you are saying is that maybe they won't listen to you, or give you credibility, but somebody like me has to speak for you. Now look, I do assure you, absolutely, that this is not true. You do not need me as a spokesman. I think we have seen over the last couple of days, that any time a young person has got up, he has been given time to talk as much as he wants to, and he has been given full attention, and you must realize this.

This is not a tokenism. I beg you to come forward and make your own opinions made known. I have already arranged quite a few times, for the Commissioners to meet, and to talk to the young people. Commissioner Campbell has been with me at night, when I have gone out to talk to young groups.

I was rather distressed to read yesterday, that at McGill, when the Commissioners were there, some students got up and said, "You guys are too square, you look too square, you talk too square, you will never get to the drug users." Well I don't know how square Dean Campbell looks, but the problem the night I took him out to this particular community to talk to the kids, was to get them to let him leave at three o'clock, about, in the morning. He had his tape recorder there, they were recording everything they wanted to say, they knew it was confidential, they felt quite safe.

It wasn't a matter of him being able



to get at the kids, it was a matter of me getting him away from the kids.

I have also arranged for the Commissioners to meet one of the more notorious motorcycle gangs; with groups of youth workers, and the Commissioners have indicated to me repeatedly, that they are willing to put any time aside for this. So I do want to stress to the young people here, and perhaps to the press, that this is as much their Commission as it is the so-called "experts" Commission, and that what you have to say will be given credibility, and will be judged with just as much value as anything I say.

As for me not having a chance to talk to the Commission, I have had more than a chance, really. I spoke here on behalf of the C.M.A., I put in a detailed paper which has been accepted by them, I have very adequate access to them at any time, they know quite a few of my opinions, and if at times you want me to talk to them on your behalf, I assure you they will welcome this.

I am not making a presumption here, I think, Mr. Chairman. I think this needs to be cleared up.

Now one other thing that disturbed me yesterday, we had a conference at McGill -- now what has been happening here in this Commission room and the comments that have been made about the Commission, is exactly the same as has happened at every drug conference I have attended where youth is involved.

I think what we are seeing -- I know what we are seeing is a microcosm... of what is going on in





society, and what is in fact the basic problem. It is not a problem of drugs. We saw something here this morning, for example: the young people, and the parent who got up, who got up for the Protestant School Board -- it's the generation gap, the credibility gap, the communication gap and so on.

The Protestant School Board says, "We are doing this job." Fair enough. The kids say, "No you're not." How come they disagree? These are the basic problems we are obviously dealing with, and I go into this in much more detail in the position paper, sir, but I would stress that we look at what is happening here because it is no different to the drug conferences, and it is no different to the problem in society of which drug mis-use among youth is a symptom.

I was disturbed yesterday at the drug conference at McGill when a gentleman who had been here to speak to the Commission, and perhaps had felt that he hadn't got across what he wanted to do, that he didn't have the credibility that he wanted, found it necessary to say in public, in front of the media, after I had assured the students that you did want to hear from them, he said the Commission -- to the students -- "look, the Commission is not your friend." He said -- perhaps with a certain implication -- "Hey look, when the Commissioners were here, there were five narcs in the room" and so on, and so on. He said the Commission is not as it claims it is here to get opinions, it's here to educate the public, and implied that, "you know, they are going to tell the public all about drugs."



Now I felt compelled to object to this, and to rebut this, because I thought it was -- perhaps unintentionally -- a potentially destructive thing to do. I indicated, and I said yesterday, I put my own reputation on the line, that the Commission will give total credibility to young people. It specified this in its letter inviting briefs, that this is one particular area that they wanted to hear from.

As for the Commission trying to educate the public, what I think they are trying to say is, "Look, we want to get as much of the public involved in this issue, know as much about this as possible, perhaps so that when the report, when the findings and the recommendations of this Commission come out, we won't have the embarrassing situation that has occurred in other countries like England and the United States, where thoroughly qualified Commissions have been set up to study, for example, marijuana, and put in their recommendations and the government has arbitrarily brushed them aside."

This must not happen in Canada. If the government of Canada -- and I don't for a minute believe it will do this -- if it did evade, or reject the recommendations of this Commission, I think it would just very effectively complete the total alienation of our young people, and I just hope this won't happen. But the way for this not to happen, is for us to use the Commission to express our opinions, all of us, at every level.

In terms of me not having a chance to speak, I would insist that it is far more important for the Commission to hear from people like Dr. Cohen, Dr. Robbins, this morning, some of these other people whom they don't





1 have a chance to get at, than to talk to me who they can  
2 get at any time they want to, besides the fact that my  
3 view points are pretty well known publicly by now, and are  
4 in print.

5 I would like to ask the Commission my-  
6 self, I have heard it referred to, not too often -- a few  
7 times -- this is a tokenism that what the government is  
8 doing, "well look, let's give them a Commission, you know  
9 and that will quieten them down, they will think something  
10 is being done." If the Commission is acting in a token  
11 way, I would like to ask them what average number of hours  
12 of sleep they have had the last few nights, and I am dead  
13 serious here, how many regular meals have you had? I  
14 know the answer. Don't answer.

15 THE CHAIRMAN: Our answer might re-  
16 flect on our judgment.

17 DR. UNWIN: I think the correct  
18 answer might reflect on the fact that you are willing to  
19 hear from as many people that want to speak, despite your  
20 own possible health.

21 One good thing about these Commissions  
22 if they are like this, is the fact that psychiatry will  
23 never go out of business, I don't think.

24 I would like to ask you another  
25 question, to get this thing in focus. I wonder if per-  
haps sometime after a very heavy day, when to me you look  
quite exhausted, maybe you don't go and have a drink or  
two, and I would like to ask you, do you do this to escape,  
do you do it to relax, do you do it perhaps just to get a  
feeling of a difference from the mood you have been in.



1 In other words, do you use the drug,  
2 or do you mis-use it? The answer is, you use it, and this  
3 is the focus we need to do with the whole drug scene.

4 THE PUBLIC: Excuse me there Dr.  
5 Unwin.

6 DR. UNWIN: Yes?

7 THE PUBLIC: Like, I like that point  
8 there, losing sleep. Commissioners, do you realize how  
9 many kids are losing their minds?

10 DR. UNWIN: Hey, hold it. Wait on.

11 THE PUBLIC: No wait, this is  
12 important, Dr. Unwin. Like, this Commission, the whole  
13 point, heads are being put in prison. New-I spent a night  
14 in jail. One lousy night, and it's a mind-bending thing,  
15 like it destroys, and they put people away about three  
16 years, three months, seven years sometimes, for what?  
17 For smoking shit. So that is not good, that is not right.  
18 I don't care about all this talk. It does no good.  
19 Change the law. Change the law. That is the whole point  
20 -- enough heads in here. Change the fucking law.

21 DR. UNWIN: O.K., now let me say  
22 something -- let me say it too, I am going to get to that.

23 What I am implying by this, is that  
24 the Commissioners are willing to lose sleep and their  
25 meals to get your opinions -- your opinions, everybody's  
opinions, because it's the only way we are going to get  
to the bottom of this drug scene.

It's not just the laws. I agree  
with that side of it. There are many other aspects in  
this society which need toning up, and we have got to





1 get the whole thing. The law is just one part, but it is  
2 not going to solve the problem of why so many thousands,  
3 millions, of people in North America are now turning to  
4 drugs. That won't solve anything. That will be tokenism  
5 too. We need more than that. That is a beginning, I  
6 agree, and many, many people have said that, that we have  
7 to go further.

8 Let me get on with this: one thing  
9 that must have become obvious to you, in my position  
10 paper, I commented on their prevailing paranoid attitude,  
11 and I don't mean dullness by that, I mean a hypersensitiv-  
12 ity, a suspiciousness within the total drug and use milieu.  
13 I have had it myself. I got it this morning, for instance,  
14 when somebody got up and said, "Why don't you let Dr.  
15 Unwin speak", and everybody clapped, and the first thing  
16 I thought is, "My God, somebody will think I have got a  
17 click along with me, people will think, you know, Unwin is  
18 zooming up something here." I also think, whenever I see  
19 this, that there is also the risk that whenever someone  
20 is being identified as being credible to youth, then he  
21 will be identified as in some way being immature or there  
22 is something wrong with him.

23 This, nowadays, because of the polar-  
24 ities of the opinions, the generation gap, is a very  
25 definite risk for anybody who gets involved with any  
aspect of the youth concerns, and it is going to happen  
to the Commissioners, and is already happening. It's  
inevitable.

If you get involved in this, the  
people are going to take sides, and I don't envy you  
your task in keeping equanimity and keeping a cool



detached attitude through all this. This paranoid attitude among young people happened again yesterday, when the Chairman at this drug conference at McGill felt that he should, and I can understand his judgment, that he should warn the students there to watch what they said, because there may be narcs in the room.

Now I exploded at this, and said, "For Gods sake, you know, if there are I would like to find them and get them reprimanded. You mean to say we can't have -- even invite students to give us information here, without them running that risk?" It's been expressed here this morning, this young gentleman from C.B.C. You know, I don't think he is a paranoid schizophrenic, but there is something there that is frightening him.

Teachers, the professionals, the older people using these drugs that I know you want to hear from, despite the fact that they have been assured that they can give everything in confidence, in private, are still frightened to come. Now this is not all imagination. There is some basis to this surely.

Dr. Lehmann knows, as well as I, that in any paranoid manifestation, there is at least a nucleus of reality on top of which things are embroidered. I think we have to be very, very aware of this.

I have been impressed throughout the Commission, with the constructiveness, with the maturity and with the intellectual agility of the young people who have been speaking to you, and I think this is evidence not only of the fact that you will be heard, but that you are expressing yourselves and you are very clearly getting your opinions across.





I know how angry you feel. We talked about this yesterday; you are impatient. I am too. I wonder if the Commissioners aren't? But there is always the risk that if we blow our stack, if we push things too far, we may undermine the very things we want to do.

I am going to say a few things which may sound quantitative, but I think they need to be said at this time, that I think that the two recent actions by the Federal Government, provided that they are just interim measures which will lead on to more definite ones, some of the most positive and reasonable approaches that have been taken by any of the very many nations which are confronted with the dilemma of the youth drug sub-culture -- these two moves were the amendment to the Narcotics Control Act relating to cannabis and the setting up of this Commission. Either by themselves, or both together would not be sufficient, in my mind, if that is where it stopped.

But if that is the beginning, then we have already moved quicker and further than any other nation I know of in this respect.

I would feel I should -- I think I have already done this publicly, expressed my total confidence in the capability and in the qualifications of this Commission, and in their intention to do the best they can.

At the same time, I am more or less aware that the Commissioners themselves are of the complexity -- are aware of the complexity and the urgency of the task that you have undertaken. You must be sharing



by now, some of the unavoidable confusion, and even the impatience which envelopes anyone who tries to come to grips with this most complicated issue.

As I have said, I desperately hope that your findings and recommendations will not be brushed aside by the government. I can find a lot of sympathy with Dr. Stanley (Gills) who is the director of the U.S. National Institute of Mental Health, who noted last August, in exasperation, that several competent reviews and studies have already been done on marijuana, but that their findings have not been accepted or implemented, and he further exclaimed, and I wonder if all of us in the room, including the student who is up tight, and understandably so, if you can't agree when he said, "I find myself asking, how long, Oh Lord, how long are we going to suggest new committees, new commissions, and new task forces, in lieu of doing something?" It seems to me, that it is obvious that the major area of confusion and controversy relates to marijuana, and related subjects.

Very early in my attendance at youth drug conferences, I was struck not only by the heated controversy surrounding marijuana, but also by the contradictory opinions given by equally qualified experts.

I was further impressed by the fact that although these conferences were intended to examine all the substances involved among youth, they never seemed to get beyond marijuana -- marijuana, a substance which, if you weigh all of these drugs in terms of the risk of personal and public health, and to social





1 stability, seems to me to be one of the least hazardous,  
2 one of the less hazardous ones, which is not of course  
3 to say that it is harmless by any means, but in terms of  
4 all the drugs being used by youth, my judgment is, from  
5 my reading and from my research, that it seems to be one  
6 of the less harmless ones, but we can't get away from it,  
7 and you have not had much of a chance, in your Commission,  
8 to get beyond marijuana.

9 A good deal of what you have been  
10 told has been related to marijuana. In my review, and  
11 position paper for the C.M.A. which you have, I have  
12 examined some of the more typical contradictory state-  
13 ments, and have attempted to distill from them certain  
14 basic areas which, if we give careful attention to them,  
15 when we consider any statement about marijuana, may help  
16 to resolve some of the confusion.

17 When I was asking Dr. Robbins this  
18 morning, the questions, I was thinking of this criteria,  
19 because I find that every time anybody mentions marijuana  
20 I run through these eight headings. I will list them  
21 for you, Mr. Chairman:

22 The basic areas concerned, are the  
23 following factors: first of all, semantics; secondly,  
24 dosage; thirdly, the root of administration; fourthly,  
25 experimental controls; fifthly, the sample of subjects  
used; sixthly, the purity and the homogeneity of the  
product; seventh, personality vulnerability; and eight,  
the symbolic significance of marijuana.

Dr. Lehmann, as a particularly  
renowned psychopharmacologist, must ask himself and must  
be thinking, "Yes, we know this, this is what we do when



1 we hear about any drug." What he must also ask himself,  
2 and what I do is, well how come marijuana, which is a  
3 psychoactive drug which has been around for thousands of  
4 years, and which there is literature of at least two  
5 thousand items, how come people have not applied these  
6 basic scientific factors to marijuana? We do it with  
7 every other drug."

8 Well I think the reason is the last  
9 one, the symbolic significance of marijuana. While I  
10 have been listening to some of the presentations over  
11 the last two days, I notice yet again the inevitable  
12 contradictory opinions, and I found myself testing out  
13 these eight criteria that I have mentioned, to see if  
14 they could help clear up the confusion, and I think they  
15 can.

16 For example, as I indicated this  
17 morning, one hears statements about the fate and the  
18 characteristics of the marijuana user, and immediately  
19 here we run into semantic confusion. Was everybody  
20 talking about the same type of person, and the same  
21 amount of use, or mis-use. Would we talk about a barb-  
22 iturate user, or an alcohol user, or a tobacco user,  
23 Would we not ordinarily, in fact specify what amount and  
24 what strength of which product was consumed, over which  
25 period of time?

26 The man who drinks a bottle of beer  
27 a day, and the man who consumes a bottle of scotch  
28 three times a day, are both alcohol users. Are the  
29 speakers then, when referring to marijuana, implying  
30 that the one-shot experimenter, the casual moderate user,  
31 and the heavy, sustained, chronic user, all share the





same characteristics, and the same fate? Obviously not.

Now in the area of symbolic significance, I have suggested that marijuana has become a focus point from any of the anxieties, the hopes and the opposing factions which are so very evident in contemporary society.

For example, it has become symbolic of what has been called the generation gap, but what I prefer to call the era gap, because we are not just dealing with another generation, we are dealing -- we are in a very different era of history, and of society.

I think this showed up this morning, with the School Board and the young people. They are just so far apart. I thought it showed up nicely yesterday -- the day before yesterday, when one of your -- the people presenting a brief reported to you that a survey of U.S. and Canadian physicians showed that some twenty-seven thousand were opposed to legislation, yet on the same day the McGill students survey tells you that some fifty-nine point eight percent of the students, whether they were users or not, wanted complete abolition of all penalties.

This is a generation gap, and once again we know that a large segment of these, that the Med students, were the heaviest users of marijuana, forty-four percent, they are supposed to be the people that are the best informed among students about health hazards.

Dr. Lehmann and I teach them. I am not convinced that I am finding that many -- any greater



1 number of thick skulls among them, some of them that I  
2 know have been using pot for several years, I have known  
3 since their first year as Arts and Science students at  
4 McGill, they are still doing brilliantly, some of them  
5 are the best students we have.

6 Similarly, recently at the University  
7 of Colorado, a referendum indicated that the vast majority  
8 of students voted for immediate legalization of marijuana.  
9 Once again, this is different to what the older gener-  
10 ation want.

11 Ironically also, in terms of some  
12 of the popular myths, such as the one about the people  
13 who want marijuana are the diffidends and the dogs and  
14 the police protestors, the same number of students and  
15 the same students who voted for immediate legalization  
16 of marijuana, also voted for an escalation of the war  
17 in Viet Nam.

18 Increasingly over the past year  
19 or so, I have been faced with a disturbing personal  
20 dilemma. As a physician concerned with ensuring that  
21 youth will enjoy optimal health, to enable them to  
22 realize maximum self-fulfilment, I have repeatedly  
23 stated and written, that one should not support legis-  
24 lation of the substance, one could not support legis-  
25 lation of the substance about which we know so little  
in terms of long-term effects.

At the same time, I have asked my-  
self, how long we would want to study the matter before  
we felt that we had adequate evidence, knowing full well  
that youth will not patiently put marijuana aside while





1 we debate, dither, and deliberate. Already the figures  
2 that I have put in my position paper about student mis-  
3 use, are out of date. The average I gave there, and I  
4 checked this quite carefully, was about twenty-five per-  
5 cent for North American university students. McGill is  
6 thirty percent. The latest study from the University of  
7 Colorado is thirty percent. The latest study by Keller,  
8 which I just got the other day, at the University of  
9 North Carolina, is thirty percent.

10 It is climbing that rapidly. The  
11 young people are not going to wait years, thirty years,  
12 until we work out long-term effects. Beyond the issue  
13 of legislation lies the stark fact that at present,  
14 millions of young North Americans, and by young I mean  
15 under fifty, are using the substance, and if there are  
16 identifiable ill effects, we had better discover them  
17 pretty quickly, or we will be in for an epidemic of vari-  
18 ous diseases among a segment of our population from which  
19 we have traditionally drawn our leaders in the profession-  
20 al business and political fields.

21 The foregoing is only one aspect of  
22 my dilemma. The other is that for the past year or so,  
23 I have been preoccupied with the increasing ugliness of  
24 the drug scene, which has developed features remarkably  
25 similar to that of prohibition in the United States. The  
contamination of drugs which we heard about this morning,  
with very hazardous substances being put in, the lack of  
the control of quality, the increasing disdain for un-  
tenable laws, which I am worried may generalize in this  
generation, towards some laws which are tenable, and the



1 presence of the big time traffickers -- I am not trying  
2 -- talking about the young kids who share among them-  
3 selves, or the guy that is pushing dime bags, I am talk-  
4 ing about the big time people bringing it into the country,  
5 the presence of big time traffickers whose sole concern  
6 is the making of large profits, regardless of the conse-  
7 quences to the consumer.

8 This is exactly what happened during  
9 prohibition, it's what gave birth to the cosa nostra,  
10 and I feel the same type of thing is happening now,  
11 though I don't think now there is evidence at present  
12 that the narcotics syndicate, so called, is involved.

13 I have even heard the opinion ex-  
14 pressed that the real reason for the marijuana famine  
15 right now, is that the narcotics syndicates are cutting  
16 out the supply, in the hope that they can get kids to  
17 take stuff like heroin, which will give them a steady  
18 market.

19 Further, I have realized more clear-  
20 ly the consequences of crank legislation, which treats  
21 marijuana users as narcotic criminals, which gives youth  
22 a criminal record which can destroy most of his future,  
23 being then unable after to get a job with government,  
24 unable to get into some professions, unable to get a  
25 visa to foreign countries, unable even to post a bond.

And what of the incarceration and  
the penitentiaries? - With the almost certain homosexual  
rape, exposure to hardened criminals and the users of  
true narcotics? I ask myself repeatedly, why do we treat  
someone who needs a crutch for a broken leg, like some-





1 body who warrants medical assistance, but someone who  
2 needs a psychological crutch, as a criminal?

3 Can't we tolerate the fact that  
4 someone may have some vulnerability in his personality,  
5 or is that striking too close to home for comfort?

6 More and more I have had to ask  
7 myself whether legalization, despite its admitted risks  
8 and uncertainties, might be a lesser hazard for  
9 society than the present intolerable situation I have  
10 just outlined.

11 Certainly, the idea ~~is~~ contro-  
12 versial, and it is bound to invite attack, but anybody  
13 who becomes involved in the problems of contemporary  
14 use, including the Commission, has to expect such a  
15 reaction.

16 Unless a more suitable alternative  
17 surfaces in the near future, can we, as a total society,  
18 afford to wait much longer? Or should we admit that  
19 we are unable to cope with the significant segment of  
20 our society, a segment which is often a scapegoat for  
21 our own community and national anxieties, and turn on  
22 them a fierce wave of impressive law enforcement?

23 If that is where we are at, then  
24 I may well consider myself chemical oblivion, because  
25 my professional identity will



1 be lost and my whole system of values and so on  
2 will be negative. I have said quite a lot  
3 and said before a committee, before the Senate  
4 and House of Commons in Ottawa that marijuana,  
5 not being a narcotic has no business being under  
6 the Narcotic Control Act, and that furthermore  
7 the giving of criminal sanctions and criminal  
8 penalties to marijuana users is not only starkly  
9 unjust in view of the known facts about the  
10 substance, but it is doing far more harm than  
11 the substance itself.

12 Now, when I said this, it created  
13 quite a great deal of controversy and unpleasantness  
14 and since that time you have had a lot of people  
15 say it to you. Obviously we must find acceptable  
16 alternatives. One that we must think about is  
17 what about a separate Marijuana Bill, taking it  
18 right away from the other drugs. What about the  
19 idea that the McGill students put forward on the  
20 moratorium of prosecutions for possession, until  
21 your Commission presents its findings and  
22 recommendations? I certainly could go along with  
23 this. Should research focus immediately  
24 on identifying those constituents of marijuana  
25 which are most likely to cause the long-term  
26 effects we fear, lung disease, possible chromosome  
27 damage, personality deterioration and so on.  
28 With the technology that we have at present at our  
29 disposal, it is not inconceivable that the  
30 pharmaceutical industry could produce, by twisting





1 molecules and by rearranging radicals, not student  
2 radicals, but chemical radicals, a synthetic  
3 substance which would minimize health risk while  
4 inducing some of the use of the subjective effects  
5 desired. Might this be a reasonable compromise?  
6 I am only asking questions here, Mr. Chairman;  
7 I don't have the answers, but I am willing to  
8 debate the possibilities and join any disciplinary  
9 team which will confront the issue with  
10 determination.

11 I was going to go on and suggest  
12 that the three main arguments put forward against  
13 marijuana legalization, and by legalization I don't  
14 mean selling it in candy stores. I think it  
15 will always need a control, at least in the way  
16 that alcohol is controlled, until our society  
17 learns to use things sensibly rather than misusing  
18 them, but I think that the three main arguments  
19 that seem to come up is that one, it leads to  
20 hard drugs, two, that it can produce psychosis  
21 and three, that there are crimes of violence  
22 induced by the drug.

23 Now, I was going to try to use  
24 these eight points to try and show you how you can  
25 put these things down, but I don't think we have  
26 the time. Just let me mention for example that  
27 I think somebody recently in the Commission here  
28 in the last two days, quoted the well-known  
29 studies by Dr. Bald down in Lexington, Kentucky,  
30 showing that 74% of heroin addicts had used



1 marijuana before they went on to it. Did this  
2 gentleman tell you for example that in twelve  
3 states, southern states, where these people came  
4 from, most of the opiate users had never used  
5 marijuana, while in sixteen other states,  
6 especially on the east and west coast, 50% of the  
7 heroin users had? Did you informant further  
8 indicate that the famous Boston marijuana trial,  
9 Dr. Bald admitted and I have the transcript of  
10 this, under cross-examination, that no  
11 scientific case for a cause and effect  
12 relationship between marijuana and heroin could  
13 be deduced from his figures. These studies  
14 are often quoted for psychosis. Do people  
15 in fact quote from these Bald studies the  
16 following things stated by Dr. Isbell: "Psychotic  
17 reactions after smoking marijuana under the usual  
18 conditions in the United States appear to be  
19 rare." I could go on with examples like this,  
20 where people are taking little bits out of context  
21 and then will --- Dr. Lehmann knows what I am  
22 talking about. People will pull something out  
23 of the middle of a paragraph and use that to  
24 bolster their arguments one way or the other.  
25 I think the extreme examples of these two books  
26 on marijuana which people carry around as  
27 bibles. One is the Marijuana Papers by Solomon,  
28 which is a bad book, because he has selectively  
29 picked out anything he can find, often quite  
30 dishonestly, from papers, to buttress the argument





1 that marijuana is virtually harmless. At the other  
2 end of the spectrum is the book called Marijuana,  
3 by Bloomquist, who has done everything he can,  
4 often with incredible illogicality, to  
5 prove that marijuana is incredibly dangerous.

6 Now, can we blame young people  
7 under these circumstances, after reading these  
8 books, for just saying, "The hell with it. Even  
9 the doctors can't agree. I will go ahead and  
10 take my risks." I can't blame them at all.

11 There are other matters which I  
12 feel need clarification which I can't go into.  
13 Suffice to say that there is general agreement,  
14 and I think Dr. Robins pointed out again here this  
15 morning, that the relationship between marijuana  
16 and violent crime is a myth, that in fact as  
17 Murphy has pointed out in his quite acceptable  
18 review of the literature of the United Nations  
19 Narcotics Bulletin, there is an inverse  
20 relationship in general between marijuana and  
21 aggression. At the same time of course,  
22 some criminals will use marijuana, and so people,  
23 if they find a criminal who also has marijuana  
24 and says, "Ah, hah, this is what caused the crime."  
25 That is nonsense. The relationships and  
26 comparisons that are made between marijuana and  
27 alcohol do bear that relation. They can be  
28 compared in some ways, they can't in others,  
29 as does the concern that people express that  
30 by legalizing marijuana we would have a large new



1 group of drug-dependent individuals in addition  
2 to our bounteous alcoholics. Clarification also  
3 seems to be beginning between marijuana and driving  
4 risks. The evidence/ <sup>coming but now</sup> that they have begun to do the  
5 studies is being to suggest that for the experienced  
6 users of marijuana, maybe there is no traffic  
7 risk at all. You know there was a study done  
8 in Washington state by the Department of Vehicle  
9 Licencing which found that marijuana had no  
10 effect on the driving skill of experienced users  
11 and that with naive users marijuana had far less  
12 effect on the driving skills than equivalent  
13 doses of alcohol, but no effect whatsoever.  
14 The (Wild) studies in Boston showed the same thing.

15 Naive subjects get some uncoordination  
16 and so on; experienced users, in fact better on  
17 eleven tests, on coordination than they did  
18 in a non-intoxicated state and yet their base line  
19 stores were quite normal.

20 What I have been trying to do,  
21 Mr. Chairman, is to help us to evaluate the degree  
22 of risk in making marijuana more freely available  
23 to the general public. Now of course, as an  
24 intoxicant, as I have indicated, it will require  
25 some type of control. If we can reach an  
26 agreement, and I like to think we can, concerning the  
27 probable long-term risks, we will be in a better  
28 position to reach a decision about the advisability  
29 of legalization much more quickly and we can  
30 decide whether the calculated risk of legalization







1 outweighs the hazards of the continuation of the  
2 present intolerable circumstances I have outlined  
3 and what this young gentleman is concerned about,  
4 what is happening to our youth, to millions of our  
5 youth. And not to millions of our criminal youth--  
6 to millions of our ordinary youth.

7 I would make some specific  
8 recommendations, and may I also note in passing  
9 here how encouraged I am to see such organizations  
10 as the United Nations Association getting deeply  
11 involved in this issue and expressing their  
12 concern. I think that when organizations of this  
13 type begin to get involved in the issue of  
14 youth and drugs, why then public opinion is  
15 starting to move in some direction, people are  
16 beginning to put the type of pressure that we  
17 need to get this whole problem resolved. I was  
18 impressed by the effort the McGill students made  
19 with their survey, which in all honesty turned  
20 out much better than I expected. I thought it  
21 was fantastically good in the short time of  
22 period -- period of time that they had,  
23 and particularly when I know that their prime  
24 reason to do that, was to be of help to the  
25 Commission, not to legalize marijuana. They  
26 weren't talking about this, they came and talked  
27 to me and said, "Do you think we could help  
28 the Commission by doing a survey?". I said, "I  
29 will talk to them and find out", and I talked  
30 to Dean Campbell and he thought they should do this.



1 These kind of things encourage me enormously.

2 One other thing I would recommend is

3 the immediate involvement of youth, firstly  
4 in education. I think that they might be  
5 helpful in the schools and education. I certainly  
6 often take an ex-drug user, a so-called hippy  
7 with long hair and beads, and so on, when I go  
8 along to talk to youth groups, because if you  
9 look at me, some people - - some young people  
10 obviously won't think I am too credible, because  
11 I am over thirty, and therefore probably  
12 prematurely senile and impotent, but the  
13 other guy might get across to them. I quite  
14 often do this.

15 The other area involvement of  
16 youth which is not only immediately necessary,  
17 but I think has already been proved to be  
18 invaluable, is to help put them into the running  
19 of street clinics, of street walking clinics  
20 like the (John Mann) Clinic, like the Lachine Clinic.  
21 We have found that the only place that we can  
22 get the majority of young drug users in clinical  
23 trouble to come is to this type of clinic.  
24 They will not come to the emergency departments  
25 of General Hospitals, and this has been stated  
26 by people other than myself, because somebody  
27 coming in on a bad trip, the things they ask is  
28 what's your name, do you have social insurance,  
29 and this kid is on Cloud Seven. Patients  
30 are being wheeled / <sup>past</sup> dripping blood, the kids freak





1 out more, they won't go near these places. They are  
2 also terrified that the cops will be notified. I re-  
3 assure them that not only do we do this but, it would  
4 be a breach of medical ethics for us to notify the  
5 police. They won't come to these places, they will  
6 come to these clinics because the first people they  
7 meet are young people who are knowledgeable. The  
8 second people they then meet are the med students  
9 and then finally the squares like me, who might get  
10 involved. I feel that there is an urgency here. You  
11 have heard about the lack of facilities, you will hear  
12 more about it. This is one thing that can't wait.  
13 It is a matter of straight health issues.

14 I mentioned in closing, in my C.M.A.  
15 paper, what we must do is identify and initiate viable  
16 alternatives which will give full opportunities for  
17 meaningful responsibilities and exhilarating challenges  
18 for contemporary youth. Even more, let us agree that  
19 chemicals which modify our conception and our perception  
20 of our inner and outer milieu will always be with us,  
21 and that we must shift our focus away from techniques  
22 of prohibition towards the encouragement and the  
23 education of all people towards the responsible use  
24 of such substances against the irresponsible misuse.  
25 Thank you very much.

26 THE CHAIRMAN: Thank you, Dr. Unwin.

27 THE PUBLIC: May I say a word: in  
28 clear, we don't want--we want to live free without  
29 being conditioned or dictated to by a commercial  
30 society and I am not afraid to say it roger, over and out.



1 THE CHAIRMAN: We call now on

2 ---

3 POWER FAILURE

4 --Portion of evidence delivered in French unrecorded  
5 due to failure in translation system.--

6 THE CHAIRMAN: We call now on the  
7 United Nations representative  
8 of Canada.

9 MR. BERGER: My name is E. Michael  
10 Berger, Q.C., and I am Chairman of the World  
11 Health Organization Committee of the Montreal  
12 branch of the United Nations Association in Canada.  
13 In case you want to know why the U.N. or the  
14 committee of the U.N. would participate in a  
15 (inaudible) such as this, it is of course  
16 obvious that since this is a concern of universal  
17 significance and since the problem is one of  
18 universal anxiety, it is properly the  
19 function of the United Nations and its branches,  
20 to not only manifest  
21 an interest but to urge action and to urge  
22 correction when it can do so, and this is  
23 essentially our function here today. Our  
24 brief, Mr. Chairman, -- and I will be brief, I  
25 think I will be about twelve minutes, is a four  
26 letter non-word which can be spelled out in the  
27 letters S.E.R.R. "S" stands for suspension,  
28 "E" for education, the first "R" for research  
29 and the second "R" for rehabilitation.  
30 Let us deal with suspension.





1                   In my personal opinion as a  
2   lawyer, the present Opium and Narcotic Control  
3   Act is a whore.     It is a whore because it is  
4   ubiguitous, promiscuous and it has no finesse --  
5   it is indiscriminate.     In my opinion, too, the  
6   present law is a bad law insofar as marijuana  
7   is concerned, and please note that our brief  
8   concerns itself solely with marijuana.     It is  
9   a bad law, because it is based on ignorance,  
10   on an abominable lack of knowledge. It is  
11   an evil law, because it has created a crime --  
12   again remember I am speaking only of marijuana ---  
13   and is damning for as long as they live, the  
14   young people who have been caught in the clutches  
15   of this law and have been convicted because of  
16   the law.     And it has all the defects of an  
17   umbrella law, of a garbage, can because it lumps  
18   together the addictive drugs and the non-addictive  
19   drug.     It lumps together what has been proven  
20   to be a true narcotic with a non-narcotic such  
21   as marijuana, it throws into the same hopper  
22   into the same evil prison, if you will, the  
23   physical prison and the legalistic prison, the  
24   casual user, the occasional possessor, the  
25   trafficker, the pusher.     Any law such as this  
26   is a bad law.     And any law such as this --

27                   THE CHAIRMAN:     Can everyone  
28   hear?

29                   THE PUBLIC:     No.

30                   THE CHAIRMAN:     Could you speak a



1 little bit more closely to the microphone. You  
2 have to speak closer to the microphone.

3 Is the translation working now?

4 MR. BERGER: And any laws such  
5 as this one should be treated differently to the  
6 way it is treated. In law when we negotiate  
7 in matters concerning inter-personal relationships,  
8 we proceed on the principle that we should do  
9 what is possible. At this stage, it is not  
10 possible to amend the law. I recognize that --  
11 we recognize that. At this stage, it is not  
12 possible to establish a regulatory commission  
13 or to legalize the use of marijuana or anything  
14 else, but at this moment of time, one thing is  
15 possible and that is this: you can suspend the  
16 prosecutions until this Committee has submitted  
17 its findings and this is our most cogent, our more  
18 urgent, our most pressing submission that as at  
19 this moment of time, this Commission should  
20 recommend the immediate suspension of  
21 prosecutions. Issue your summons if you will;  
22 issue your warrants for arrest if you will,  
23 and release on bail if circumstances so dictate  
24 and then instruct your prosecutors, only your  
25 prosecutors, not your law enforcement agencies,  
26 instruct your prosecutors to suspend these  
27 prosecutions until this Commission has made either  
28 a final or interim finding.

29 Last year the City of Montreal  
30 passed what is known as an anti-mingling by-law.





1 This meant that if you went into a well-lit or  
2 a darkly-lit club and had a drink, a waitress topless  
3 or bottomless or maxi-dressed who served you,  
4 could not sit with you. . . . If she did, she could  
5 be arrested and charged with mingling. . . . And  
6 the owner of the bistro or the owner of the  
7 beer club downstairs or the manager could also  
8 have been arrested for tolerating mingling.  
9 One of the restaurants involved decided to put  
10 the validity of the by-law to the test and took  
11 it to court. There were enumerable arrests  
12 after that, but all the cases were suspended.  
13 There were no trials until this first test case  
14 had been adjudicated upon by the Courts. The  
15 by-law was declared valid. The prosecutions  
16 then continued. I mention this only to point  
17 out that if you wish, if it is possible as I  
18 say, to enforce the law as it is, but you  
19 do not have to enforce the rigors of it and  
20 you would have lost nothing, on the contrary you  
21 may have gained much. The United Nations  
22 Association on May the 27th of this year had  
23 a conference at which 70-odd organizations  
24 sat nearly 200 delegates. The subject of the  
25 conference was marijuana, a crutch, not a crime.  
26 Dr. Unwin who spoke here earlier today was a  
27 distinguished and important member of the panel.  
28 I don't say that everything he said today he learned  
29 at the conference, but I do say that all the  
30 things he said today we would endorse. And



1 the evils of the law insofar as concerns those  
2 who are affected by it, those who are found guilty  
3 under it, are of great concern to us -- I have  
4 here two forms, one is called Immigration Form  
5 OS8, this is used by a person wishing to immigrate  
6 to Canada or if a person is visiting Canada,  
7 this form is used by him to apply for permanent  
8 status in Canada. I have another form called  
9 FS510, and this is used by a person who is  
10 applying for a permanent visa to immigrate to the  
11 United States. In this form, OS8, we have  
12 question 31 "Have you been convicted of, or  
13 admit to having committed any crime or offence",  
14 that is 31(c). On this form, FS510, ---

15 THE CHAIRMAN: Is that for  
16 OS8?

17 MR. BURGER: That means Overseas  
18 8, and this is Foreign Service 5 10.

19 Question 33, I am dealing now  
20 with the 510, "have you been/<sup>treated</sup>in a hospital  
21 institution or elsewhere for mental disorder,  
22 drug addiction or alcoholism?"

23 Question 34, "have you ever  
24 been arrested, convicted or confined in a prison,  
25 or have you ever been placed in a poorhouse or  
26 other charitable institution?" That is an  
27 interesting position.

28 Question 35, "have you ever  
29 been the beneficiary of pardon, amnesty,  
30 <sup>or</sup> rehabilitation decree/other act of clemency or





1 similar action?"

2 This is why it is so important  
3 to suspend these prosecutions because even if you  
4 receive a pardon for this crime, and even if, as  
5 someone has suggested that the Criminal Code  
6 should be amended so that in five years from now  
7 or ten years from now, if you have a record,  
8 it should be expunged, I say even if these things  
9 should happen, the fact remains that when you  
10 answer these questions, you must answer "yes",  
11 because the question is not, "have you been pardoned?"  
12 the question is not "Have your records been  
13 expunged?" but the question is, "Have you ever been  
14 convicted of a crime", and at this moment anybody  
15 in this room who has a joint in his possession  
16 and is charged with having that one joint and  
17 is convicted must answer yes to this question.  
18 If he was trying to come into Canada this would  
19 be a mandatory bar. If he was trying to immigrate  
20 to the United States, this would be a mandatory  
21 bar. And I spoke to the  
22 Chief U.S. Officer, only yesterday, to confirm  
23 with him whether my opinion was right and this  
24 is so. And if you say no, I have not been  
25 convicted of a crime, assuming that you have  
26 been pardoned or the record has been expunged,  
27 then under Section 212819 of the U.S. Immigration  
28 and Nationality Act, you can be barred because  
29 of attempting to obtain a visa by withholding  
30 a material fact. You know there is an



1 expression, "Qui S'excuse, S'accuse," and if you are  
2 applying for a visa or for a job and you say, Yes, I  
3 have been convicted of a crime and yes I have been  
4 smoking marijuana or had it in my possession, but I  
5 have been pardoned, there are very few people who  
6 would take a chance on employing that person. If you  
7 needed a bond, he couldn't be bonded. I don't know  
8 if he would be admitted to the practice of law. I  
9 can't speak for the other professions. And you are  
10 dealing with people, teenagers, and people who are  
11 minors in the law, that is until they are twenty-one  
12 years of age, so I say again it is our respective  
13 submission that you do nothing else, at this stage, but  
14 urge the suspension of criminal proceedings, you will  
15 have done a great service to the people affected, to  
16 the community and to the society at large.

17 THE CHAIRMAN: Is that with respect  
18 to the possession of marijuana only, Mr. Berger?

19 MR. BERGER: At this stage, because  
20 little is known about it. I would say, because there is  
21 so much controversy about it, I would say it should  
22 apply to all phases of marijuana including the alleged  
23 trafficker, because if you decide it is harmless, if  
24 you decided that it is innocuous or if you decide that  
25 it should be legalized, or distributed under regulatory  
26 auspices, then you should suspend all aspects of  
27 prosecution concerning marijuana in all its phases  
28 until you are ready to come in with findings or the law  
29 is either amended or enforced. It may well be enforced,  
30 I don't know, or reinforced. But at this moment in





1 time, on the basis of everything we know, I think the  
2 more positive, the more correct, the more forward  
3 looking approach would be suspend in all areas on the  
4 basis of what we know and on the basis of the damage  
5 that penal service has imposed upon those that have  
6 been blessed by it, you are taking a greater risk in  
7 continuing your prosecutions and sending to jail, than  
8 you are on suspending the rigors of the law. This is,  
9 I say, I think statistically proven.

10 On the question of education we  
11 recommend a massive program of education,  
12  
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30

--- pg. 107 follows.



1 immediately and at all levels, beginning with the  
2 eighth grade. We recommend the establishment  
3 of educational clinics and the use of films,  
4 and this to be worked out by teachers, social  
5 workers and people of the type which composes this  
6 Commission.

7 On the question of research, we  
8 recommend a massive program of research into the  
9 properties of marijuana, its effects, can it be  
10 synthesized, should it be synthesized, and what  
11 are the beneficial effects if any?

12 On the question of rehabilitation,  
13 that is the second "r" in our four letter non-word..  
14 Rehabilitation in our opinion takes two phases.  
15 The first phase is the rehabilitation of  
16 society, of the environment, of the milieu,  
17 in which the youngster who uses marijuana finds  
18 himself. The rehabilitation of society which--  
19 society which imposes upon the user this crutch,  
20 the rehabilitation of society along the lines  
21 expressed by Dr. Unwin earlier today, the  
22 removal of this double standard which affects  
23 so much of our society in so many of its phases,  
24 the rehabilitation of society so that there  
25 will be honesty and integrity at all levels,  
26 not only on the verbal level, not only at the --  
27 on the written level, but the living level, at the  
28 level that you can see. For once it would be  
29 nice if the legislature and teacher and rabbi  
30 and priest and minister would so behave that they





1 could truthfully say "Do as I do" and not as so  
2 many of them only say, "do as I say." It would  
3 be a nice pattern of society to try to promote.  
4 As far as the second phase of rehabilitation is  
5 concerned, we recommend the establishment of  
6 half-way houses, immediately. We recommend  
7 the establishment of walk-in clinics at once.  
8 We recommend anonymity for the person who  
9 requires the use of the half-way house or of the  
10 walk-in clinic. We recommend that the law  
11 be amended to allow emergency treatment at least  
12 of the person who needs the walk-in clinic, or the  
13 half-way house, and as a matter of fact, funds  
14 are being established to see if it is possible to  
15 persuade the legislature to amend the laws  
16 so that identification will not be demanded of the  
17 sixteen or seventeen or eighteen year old who  
18 requires treatment, who is afraid to take  
19 advantage of the facilities because he doesn't want  
20 his father to know.

21 THE CHAIRMAN: I wonder, Mr.  
22 there is a lady at the microphone who  
23 I understand has some experience of some service  
24 you have been alluding to. I wonder, with  
25 your permission -- she only wants to speak for  
26 a few minutes. Would you mind?

27 THE PUBLIC: We do have a group  
28 called Lifesavers, that we have established  
29 for drug addicts and people who are using pills,  
30 all types of things like this. I am an ex-addict



1 myself and the gentleman who is with me has  
2 also been an addict, and we have based it  
3 principally on the AA way of life, and it was  
4 successful for me, and I find that if we can  
5 maybe get more help in this line, to help other  
6 people that are in the same boat that we were  
7 in, this is what we are striving for. I don't  
8 know so much as a half-way house, because I have  
9 seen some of these half-way houses in Vancouver,  
10 and I think it is mainly the desire to stop --  
11 I heard one gentleman say today that at a certain  
12 age, people just quit. I have never found  
13 that myself. We have no choice really. We  
14 either had to quit or die, and I sort of had to  
15 live, so I quit, but I have to have an awful lot  
16 of help along this line. But it is true there,  
17 there is a lot of fear in people who don't  
18 like to admit to their parents and then they  
19 have the fear of the police on their doorstep  
20 constantly. I know for the longest time  
21 after I quit, I mean I had the man behind my back  
22 constantly to see if I was still using. So  
23 we would like to offer our services to anyone  
24 who is in this predicament and would sincerely  
25 like to be helped.

26 THE CHAIRMAN: Thank you very  
27 much.

28 THE PUBLIC: Thank you.

29 MR. BERGER: Certainly that  
30 help would be welcome.





I would like to conclude with this observation if I may, and that is this: from what I could read and from what I have heard today the Commission has shown the patience of Penelope and the fortitude of Job. From what I have read and what I have heard today, you have heard almost everything you are going to hear about marijuana in particular and the other drugs in general, and from now on there is going to be a lot of repetition. There is going to be only more of the same thing, because I think every approach which has been broached to you and which can be thought of by human ingenuity has already been broached.

I therefore come back to our first suggestion, and that is this: That you should at this moment, as of now, take this first step along this long journey of one thousand miles and urge the immediate suspension of prosecutions for the possessor, the user and even the trafficker of marijuana as of now. I think the terms of reference that your Commission authorizes you to take such a step, if it doesn't authorize you, I say take it anyway. The Government can only say no, it is premature.

Now, the Government has had the capacity in the past to pass emergency legislation and can do it again. Royal Commissions, as some of us old-timers know, have been the well-thought of, positive, parliamentary procedure for



1 governmental inertia. I don't think that this  
2 Royal Commission is going to be guilty of that  
3 same faulty procedure. You can make this  
4 recommendation. The Government, on occasions in  
5 the past, has passed emergency legislation dealing  
6 with War, it has mobilized its forces for the  
7 cause of death. We respectfully submit that  
8 it should do no less for the cause of life.

9 THE CHAIRMAN: Thank you very much,  
10 Mr. BERGER. Are there any questions? Comments?

11 THE PUBLIC: Mr. Berger,  
12 concerning rehabilitation of the youth, criminals  
13 who are in prison for some sort of drug offence,  
14 now unfortunately these young lads are put in with  
15 the hard-core criminal who has perhaps robbed a  
16 bank committed rape or something, and has been exposed to  
17 the thoughts of these hard-core criminals and perhaps  
18 learns how to rob a bank or something like this. Now,  
19 there is a lot of what you might call perverts  
20 who take advantage of these young lads. Now,  
21 don't you feel that it would be advantageous  
22 right away to separate these young lads from this  
23 type of hard-core criminal and put them in a  
24 special environment which has a much greater  
25 emphasis on the rehabilitation of these, and  
26 maybe to better prepare them to enter society.

27 THE CHAIRMAN: Thank you.

28 MR. BERGER: Perhaps in mentioning  
29 rehabilitation, I should have mentioned that  
30 of course it goes without saying that our science





1 of criminology is not only imperfect, but our  
2 implementation of the law is negative, it is  
3 punitive. It is not reconstructive at all.  
4 It is not educated in most instances, it simply  
5 punishes, period. And certainly I would be  
6 the first one to say it and I believe my  
7 committee would be the first one to say that  
8 special penal institutions <sup>for</sup> / as long as these  
9 people have to be incarcerated should be  
10 created, and again, at once, or temporary  
11 accommodations should be founded, again right now,  
12 to remove them from this very milieu that  
13 our friend speaks about, and to at once implement  
14 a constructive program of rehabilitation and  
15 re-education.

16 THE CHAIRMAN: Thank you, Mr.  
17 Berger. Yes?

18 THE PUBLIC: You mentioned  
19 about educating the children, starting in grade 8,  
20 children of 13, 14 and perhaps 12 years. Now, it has  
21 been mentioned that some children are  
22 starting to use or experience hash at the  
23 age of 10 or 11. Why wouldn't this education  
24 start perhaps at grades 4 and 5?

25 MR. BERGER: I am not an  
26 educator; sometimes I wonder even if I am  
27 educated. By all means let them start at the  
28 age--at Grades 4 and 5 if they think it should  
29 be done. Again I am speaking in terms of the  
30 possible and we do know of the instance



1 of abuse at the age of 13, 14 and 15, rather  
2 than we know of the use at the younger age. If  
3 the facilities can be created, by all means,  
4 let's educate at the youngest level, where  
5 education is needed in this particular area.

6 THE CHAIRMAN: Dr. Hackett,  
7 please?

8 DR. HACKETT: Mr. Chairman, may  
9 I make a few comments at this time, in reference  
10 to the present speaker, and to Dr. Unwin's talk  
11 this morning to us. I also would like to make  
12 it clear I am speaking on my own behalf as a  
13 concerned parent, father of three children,  
14 one of whom is a teenager, and as a psychiatrist  
15 who works at a hospital in the community,  
16 with special interest in adolescents.

17 I think it might be helpful  
18 to make a distinction between community action  
19 with respect to prevention; that is, drug use  
20 despite legal interdiction being seen as a  
21 symbolic message from the teenagers in our  
22 community, that are not being heard, they  
23 are swallowing pills instead, and letting us  
24 do the screaming. And the medical treatment  
25 of drug abuse, where medical intoxication and  
26 psychological disorientation and alienation  
27 frequently occur, in talking of the level of  
28 drug use, an increasing scale by young people  
29 at all levels of society in the face of legal  
30 interdiction, I would suggest that the study by





1 Stanton and Schwartz of the Mental Hospital might be  
2 helpful to the Commission. I refer particularly to the  
3 their findings of the conflict directly seen at the  
4 level of ward patient behaviour reflects subtle  
5 conflicts which need resolution at the top of the  
6 administrative echelon, and that this has relevance  
7 here, both at the level of society, and I take  
8 yesterday's Gazette and Star as a perfect illustration,  
9 we have one message in the morning, " Massive program  
10 to boost languages" and an evening message, "a  
11 language aid (portion inaudible) every time in the  
12 community that way. This day's newspaper talks about  
13 more riot. In addition to that, this problem  
14 administratively at the communication level exists at  
15 the level of school administration and since I'm on to  
16 school systems a bit, I am aware of this problem as a  
17 parent trying to bring this back into the high school.  
18 We have sent out a report, we have still not got an  
19 answer in two years. But at this level we live in an  
20 age of (portion inaudible) together with a massive  
21 invasion of personal privacy with no accompanying sense  
22 of personal concern for the individual by authority and  
23 this was well expressed in the last speaker's comment  
24 about having to fill out forms and finally being  
25 discriminated against even after you fill out the  
26 form. And if you want to examine the way you have to  
27 sign your life away when you are bringing a child into  
28 the hospital these days to send every adequate  
29 documentation to the Health Authority of Quebec, you  
30 don't sign you don't get in. The gross failure by our



1 school administration and consists of school  
2 systems and I am aware of this problem as a  
3 parent trying to bring this back into the high  
4 school. We have sent out a report, we have  
5 still not got a nurse back in two years. But  
6 at this level we live together with the mass  
7 of nature of laws of personality with no  
8 accompanying sense of personal concern for the  
9 individual for authority and this was well  
10 expressed in the last speaker's comment about  
11 having to fill out forms and finally being  
12 discriminated against even after you perform  
13 and if you want to examine the way you have to  
14 sign your life away when you are bringing a child  
15 into the hospital these days to send every  
16 adequate documentation to the Health Authority  
17 of Quebec, you can realize what I mean if you  
18 don't sign, you don't come in. The gross  
19 failure by our society to recognize the carrying  
20 role of any debt paying less to the  
21 Stanton and Schwartz talked about people learning  
22 not just to cooperate but to collaborate and  
23 bring a sense of personal care to get the job  
24 done, which is increasingly missing in our  
25 society, well illustrated by the teenager who  
26 drew a picture of an IBM machine as the principal.  
27 I would suggest then that research along these  
28 lines, or on the functioning of our community  
29 to be achieved between  
30





1 Also we could resolve the conflict around the  
2 Provincial and Federal Governments, this  
3 has been perhaps a great deal of help.  
4 I would also, having made that distinction, talk  
5 about medical distinctions of drug abuse  
6 practising as a doctor. I think that all of us  
7 could look forward more constructively if there  
8 was more protection of confidentiality at the  
9 level of this type of treatment, by the doctor,  
10 and I am speaking principally, since I am a  
11 doctor, with the legal protection of the  
12 secrecy of a psychiatrist such as given to a lawyer.  
13 I think first intervention would eventually help  
14 us in our treatment.

15 THE CHAIRMAN: Thank you,  
16 Doctor.

17 MR. CAMPBELL: Dr. Hackett, may  
18 I just ask one -- I realize it is a difficult  
19 question -- you see drug use in your medical  
20 practice, you see the consequences of the existing  
21 law -- were you here this morning?

22 DR. HACKETT: For part of the  
23 morning.

24 MR. CAMPBELL: I raised the  
25 question to the school board that we have to  
26 look at these questions in balance. If you  
27 would, I would appreciate your opinion on whether  
28 or not in balance, the existing responsible  
29 society primarily through its laws, is advantageous  
30 to society or disadvantageous.



1 society to recognize the carrying role of our nurses by  
2 paying them less than the cleaners is another example  
3 of this sort of problem. Stanton and Schwartz talked  
4 about people learning not just to cooperate but to  
5 collaborate and bring a sense of personal care to get  
6 the job done, which is increasingly missing in our  
7 society, well illustrated by the teenager who drew a  
8 picture of an IBM machine as the principal. I would  
9 suggest then that research along these lines, or on the  
10 functioning of our community as to how communication  
11 can be achieved. Take for example the School Commissions,  
12 the local schools and parents with their children, would  
13 be most constructive. Also if we could resolve the  
14 conflict at the level of our country between the  
15 Provincial and Federal Governments, this could bring  
16 also perhaps a great deal of help. I would also,  
17 having made the distinction, talk about medical dis-  
18 tinctions of drug abuse as a practising doctor. I think  
19 that all of us could move forward more constructively  
20 if there was more protection of confidentiality at the  
21 level of this type of treatment, by the doctor, and I  
22 am speaking specifically, since I am a psychiatrist,  
23 the legal protection of the secrecy of a psychiatrist  
24 such as given to a lawyer. I think this sort of action  
25 would materially help us in our treatment.

26 THE CHAIRMAN: Thank you, Doctor.

27 MR. CAMPBELL: Dr. Hackett, may I just  
28 ask one--I realize it is a difficult question--you see  
29 drug use in your medical practice, you see the  
30 consequences of the existing law--were you here this





1 morning?

2 DR. HACKETT: For part of the morning.

3 MR. CAMPBELL: I raised the question  
4 to the school board that we have to look at these  
5 questions in balance. If you would, I would appreciate  
6 your opinion on whether or not, in balance, the existing  
7 response of society primarily to its laws, is advantageous  
8 to society or disadvantageous.

9 DR. HACKETT: The existing response?

10 MR. CAMPBELL: That we make to our  
11 laws for example, with marijuana.

12 DR. HACKETT: I think I am trying to  
13 convey a sense that the young society, this is a  
14 generation gap which Dr. Unwin outlined this morning  
15 when he talked about the difference in eras, I would  
16 comment we had a war and many of the people of my age  
17 and slightly older, are missing, and so there has been  
18 a gap in the handing over of authority from higher up  
19 levels, down and when we have had somebody come into  
20 the field who brought back the sense of hope and  
21 confidence, certainly the South of us, everytime somebody  
22 like that has turned up, they have been assassinated and  
23 I think there is an inadequate response at this time,  
24 and I would fully support the previous speaker's comments  
25 about the suspension of process to protect people until  
26 further clarification can be made by this Commission  
27 as to what the adequate recommendation should be.

28 MR. CAMPBELL: Let me take you one  
29 step further, out of your experiences as a citizen or  
30 psychiatrist, is it your view that the response young  
people make, either in terms of looking at the laws and  
massive hypocrisy as they compare marijuana use to alcohol



1 use, or as many of them have said to us, the society is  
2 built on the John Stewart Mill epic, that the laws should  
3 be used to protect the individual, not from himself, but  
4 from the injury of other. So, all right, here is the case  
5 would you live by it or not--all of these challenges  
6 that are being thrown at us. Is it your  
7 judgment here that the response we continue to  
8 make in this law is doing a greater injury or  
9 doing a greater good, particularly to the young?  
10 DR. HACKETT:  
11 At the present time I think there is more injury  
12 being done than good, because I am very concerned  
13 about the number of teenagers who are now  
14 being picked up by the police at the moment, but  
15 tomorrow they could be all picked up and they  
16 would all have records as outlined and make  
17 terrible problems. I have seen somebody  
18 who the computer turned out with the record  
19 twenty years ago, who was supposed to go to a  
20 responsible job in the States. And I am very  
21 very concerned about this as a parent and  
22 I separate that from the medical problem because  
23 I think we have got two groups of people here.  
24 I think we have a whole group of young people  
25 who are one, protesting and experimenting because  
26 they are no longer satisfied with the law and  
27 the running of the country as it is, then I think  
28 we have a further group that we didn't go into,  
29 that are actively involved with -- not drug use  
30 but drug abuse. They have gotten caught in a  
quagmire and have gotten into harder drugs  
and all those problems and that is the second





1 that require very intensive treatment programs  
2 which does not exist at this time for them,  
3 in my opinion. And I would separate these two  
4 issues. This is what I was trying to suggest  
5 to the Commission and you could make a two-part  
6 report, one about the condition of the  
7 community and the need of looking into this response, the  
8 non-verbal communication we are getting from our  
9 people, the sense of alienation that they  
10 experience that we don't care, and I have come  
11 down here as a parent to say, "I don't think you  
12 are right. I think we all care, but we haven't  
13 found the means yet of communicating the feed back  
14 to them, and if my being here is of any help  
15 to anybody younger, I am glad to be here."

16 THE CHAIRMAN: Thank you, Doctor.

17 MR. BERGER: Thank you very much.

18 THE CHAIRMAN: We call now upon,  
19 excuse me, Professor Radouco-Thomas, of the Pharmacology  
20 (Radouco)  
21 /Department of Laval University, and his colleague --  
22 there are three people coming, there is a  
23 Dr. Villeneuve, and there is a Dr. Simone Radouco-Thomas  
24 there are two of you -- there are three  
25 commentators, Dr. Rodouco-Thomas and there is  
26 Mrs. Radouce-Thomas, and Dr. Andre Villeneuve.  
27  
28  
29  
30



1 PROFESSOR CORNILLE RADOUCO-THOMAS: Mr. President,  
2 ladies and gentlemen, first on behalf of Laval  
3 University thank you for the opportunity given to  
4 us, to my colleague, Dr. Villeneuve and Dr.  
5 Rodouco-Thomas to bring what we know about  
6 the use of drugs on the campus. As you know  
7 perhaps the university, Laval University, has  
8 been devoted this last year to the problem of  
9 the misuse of drugs and especially on the  
10 hallucinogenic drugs. We also participated  
11 in an international convention on psychotropic  
12 drugs and also were particularly preoccupied  
13 by the problem of hallucinogenic drugs used by  
14 students in universities and colleges. There was  
15 also a survey done on the use of hallucinogenic  
16 drugs in the Universities and campuses -- colleges  
17 in the Province of Quebec. A second survey  
18 is now being done to compare what was happening  
19 in 1968 and what is going to happen by the  
20 end of '69 and the beginning of '70.

21 DR. VILLENEUVE, DR. SIMMONE  
22 Radouco-Thomas and myself were assigned to the  
23 writing of this report. The work was done  
24 with equipment based on a multi-  
25 disciplinary base. We had sociologists,  
26 pharmacists, psychiatrists participating in our  
27 work and what is very important for the university  
28 teacher, we used a specialist and the students  
29 and this report we will try to bring out some  
30 modest results of our service. Dr. Simone  
Rodouco-Thomas will comment on some of the





1 aspects of the survey done with the students  
2 at the colleges and the university levels of  
3 Quebec. Dr. Villeneuve will give you a brief  
4 summary of the various aspects of the problems  
5 and also of the need for information of that  
6 problem and also related fields. My own comments  
7 will be quite brief and that is mainly the comments  
8 and the recommendations of the committee during  
9 this symposium which was held last year at  
10 Laval University. The president of the  
11 committee was Dr. Leo Allister  
12 and the members of the committee were from  
13 various countries, had various professions,  
14 scientific fields and the field of legal-- of law  
15 and of various other fields. Among others  
16 we had Dr. Bradley of Birmingham, England, and  
17 Dr. Pierre Deniger from Paris and Mr.

18 from Paris, Dr. Hartman and Dr. Watt  
19 from Canada, Dr. Longo from Rome, Italy,  
20 Dr. Nolly from Rochester, Dr. Simone  
21 Raduco-Thomas, Dr. Andre Villeneuve and myself.

22 If I may, I would like to go on  
23 with these recommendations and the historical  
24 aspects of the problem. I have given to the  
25 members of the Committee in French and English  
26 a copy of this text. The recommendations  
27 of these three aspects, general recommendations  
28 are studies on food and drug and non-controlled  
29 use of these drugs. First of all I think it  
30 would be important to read for the public here

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1 present, the general recommendations of that  
2 problem. And I will quote them.

3 Our concern, mainly the chemical  
4 substances which are used in order to control,  
5 in order to find different attitudes and changes  
6 in the (inaudible) it might be less important  
7 to discover what the psychotropic substances are,  
8 both the study of those which are mainly talked  
9 about in the social problem that we now have to  
10 live with, which are cannabis and its derivatives,  
11 the substances such as LSD, amphetamines and its  
12 derivatives and other derivatives and solvents  
13 and glue. As far as psycho-dysleptic  
14 drugs, we should have tests on the man and the animal,  
15 which are based on the proper procedure for  
16 clarification and this would also  
17 respect the procedures of clinical research,  
18 valid research, that the researchers should have  
19 a supply of the drugs he wants to study. These  
20 substances should be given in enough quantity.  
21 The researcher would have to follow the rules  
22 of his country as far as the use of experimental  
23 products are concerned, and before going on with  
24 the other aspect of the problem, I would like to  
25 go on with one of those aspects, that is that we  
26 have to encourage research. One of the  
27 participants to that symposium of Quebec insisted  
28 on the difficulties of obtaining the product  
29 in order to do research on them, and this is  
30 why this Committee and the majority of the





1 participants thought it would be necessary to  
2 participate in that kind of research. The  
3 position taken by the Minister of Health in  
4 Canada is quite reassuring because he wants to  
5 authorize the use of these substances for  
6 research purposes. We from Laval University  
7 believe that other countries should do the same.  
8 Before going on with the recommendations on these  
9 studies on the animal and human being, I would  
10 now go on with the use -- non-controlled use of  
11 drugs, and I am quoting these recommendations.  
12 They should be made to inform the public on  
13 the risk of ---

14 THE CHAIRMAN: (untranslated)

15 MR. VILLENEUVE: Non-controlled  
16 use, we should try to give information to the  
17 public on using psychodysleptico and hallucinogens  
18 which are under no  
19 control whatsoever, those substances and this  
20 should be based on very definite substances  
21 and with -- the limited knowledge we have  
22 on those drugs should be insisted upon. We  
23 should give all the necessary information we  
24 have on the substances used, like nicotine,  
25 barbiturates, alcohol, tranquilizers, opiates  
26 and the sanctions imposed by the laws now being  
27 enforced. For instance the prison terms for  
28 possession of cannabis, seems quite unfair to  
29 us, according to the knowledge of the drugs,  
30 and its social problems. The majority of the  
participants found it unwise to arrest and imprison



1  
2 someone who has been found in possession of a  
3 small quantity of cannabis, so the Commission  
4 recommends that the existing laws and the  
5 conviction on cannabis be revised.

6 The use, the growing use of  
7 these drugs in our civilization should make us  
8 be more preoccupied with the use of any kind of  
9 drug. The publicity made by the mass media  
10 for alcohols and pharmaceutical products is  
11 not in the best interest of public health,  
12 but of course it would be quite difficult to  
13 change those habits, which have been going on  
14 for years, nonetheless we should study these  
15 problems most carefully. The studies of factors  
16 of personal, psychological, social, culturaleal  
17 factors, leading to an individual becoming a  
18 user of drugs, and determining his choice of  
19 drugs is quite important and necessary.  
20 Institutions should be created for the treatment  
21

22 - - - - - Page 123 follows  
23  
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1 and the social rehabilitation of the drug users.

2 To summarize, the Committee has  
3 tried to insist on some points, first of all, the  
4 problem of information, general information, and  
5 the information for the young people. The main  
6 thing is that the information should be exact  
7 and true as was said during that symposium:  
8 truth about what we do know  
9 and what we don't know.

10 Another aspect is of the risk to the  
11 public: not only for drugs, but also in the  
12 case of alcohol and tobacco. We insist on the  
13 urgency of the study of psycho-social and  
14 cultural aspects of the problem leading to the  
15 use of those products and mainly among one of the  
16 most important aspects, the legal one. It has  
17 been considered from our Committee on the symposium  
18 so that some of the sanctions were too stringent  
19 and we do not improve the situation -- far  
20 from it -- we make it worse. I will conclude  
21 with the last part concerning the studies,  
22 page 2.

23 The studies on the human beings  
24 and the animal, it is interesting to see what we  
25 don't know. I have -- unlike those drugs used  
26 therapeutically, and introduced through commercial  
27 channels on which extensive pharmacological  
28 and psychological data already exists, the  
29 psychodysleptics are vitally employed in man  
30 without this vital information being available.



1 Acute and chronic toxicity studies as well as  
2 tetratogenic studies should be done at the  
3 earliest opportunity for most of those psychodysleptic  
4 drugs in common use as well as any substitute found  
5 to have psychodysleptic potential.  
6 Studies and the effects on central nervous system  
7 and on behaviour should be carried out as part  
8 of these studies, or in separate studies and  
9 experiments. They should be increased of course  
10 to correlate the result of animal studies with  
11 clinical observations, and I will now go on with  
12 these studies on human. It is possible to try  
13 clinical -- to start clinical tests of psycho-  
14 dysleptic drugs using actual experiment design  
15 and it should be undertaken in a number of areas  
16 of potential therapeutic usefulness. Although  
17 there may be formidable problems in methodology,  
18 longitudinal studies comparing drug uses with  
19 non-drug uses should be made in regard to the  
20 detection of behavioural or physical effects  
21 from repeated unsupervised use. These studies  
22 should include tests designed to detect changes  
23 in personality, behaviour and intellectual function,  
24 or the appearance of physical changes such as  
25 of abnormal offspring or the appearance of  
26 malignancies. It would be important  
27 to try and find out if there is a relationship  
28 between mental state produced by these drugs  
29 and certain psychological conditions. The issue  
30 is of potential importance to warrant a







1 continuing study.

2                   Concerning these studies, what  
3 is important is that we do not have enough facts  
4 and knowledge as well as -- as well for  
5 experimental -- experiments on the animal as well  
6 as for the human beings, so the necessity of  
7 having new studies going on, whether experiments,  
8 whether clinical comparative studies to find out  
9 the effects, the possible effects on drug users  
10 and non-drug users, and we should also try and  
11 use the correlation between what we find in  
12 experiments and in the human beings.

13                   Those are then the recommendations  
14 that we thought were necessary. It might be  
15 useful to the Commission. This is a result of a  
16 very long work done by all the participants at  
17 the symposium and other studies.

18                   As a pharmacologist, I would  
19 like to add to this comment, on these recommendations:  
20 some other considerations concerning the  
21 pharmaceutical, psychological and toxic aspect  
22 of these drugs. This is related mainly to the  
23 speed -- part B of the brief we have sent you.  
24 As we said in the general recommendations, we  
25 are aware of the relative value of the  
26 definitions and the systemization of these  
27 drugs, but as a means of work, and to enable to  
28 facilitate communications we thought it would  
29 be necessary to remind you of procedure we have  
30 tried at the -- at the symposium on hallucinogenic

scientific study.

It is important to state that we are not in any way

and knowledge as well as the

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1 drugs. And we talked about relations with the  
2 use of drugs. I have sent a copy of this to the  
3 Commission. In the first part we have tried to  
4 classify the psychotropic drugs based on addiction,  
5 pharmacological dependence and abuse of drugs.  
6 We have kept some substances which have some  
7 -- mainly some psycho-dysleptic effects and  
8 a distortion of values of the reality and  
9 consequently the state of pharmaco dependence  
10 whether it be a dependency at the level of the  
11 physical, psychological aspect or any other.  
12 Of course, for these -- some of you -- to some  
13 of you this might be quite technical, but  
14 in the first categories we have mentioned  
15 substances that whatever the kind of tolerance  
16 or rather addiction -- tolerance, they don't  
17 lead to addiction. These categories do not  
18 include the level of consciousness -- they do  
19 not include the fact that those who have tried it  
20 want to repeat the experiment, so we have  
21 some substances -- in the second category you  
22 have new substances which alter the personality,  
23 and the subject -- there is no pharmaco dependence  
24 very apparent and very few measures. I would  
25 like to say to prophesise a minute, to see  
26 the problem and every aspect, the systemization  
27 is only a basis for discussion but it allows,  
28 however, to have a continuous line between a  
29 pharmaco dependence, the abuse and, in other  
30 words, the pharmacologist effect received and



And we talked about relations with the  
and of course. I sent a copy of this to the  
In the first part we have tried to  
classify the psychologic drugs based on addition,  
pharmacological dependence and abuse of drugs.  
We have kept some material on the  
-- mainly some psychologic drugs and  
a distinction of value for the  
consequently the state of  
whether it is a dependence or not is the  
physical, psychologic or other.  
Of course, for these three types of  
of you this might be quite different, but  
in the first category is not included  
on the other hand, it is not included  
lead to addiction. It is not included  
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very apparent and  
like to say to propose a relation to  
the problem and even to  
is only a basis for  
however, to have a clear idea of the relation  
in order to



1 the phenomena of the abuse of drugs. And  
2 finally we want to thank the Commission for  
3 the very important and great work it contributes  
4 to Canada, and we are very proud, we at the  
5 University of Laval, to be able to do our  
6 very little part.

7 THE CHAIRMAN: Thank you, Doctor.

8 (Portion untranslated)

9  
10 Doctor, you have the floor.

11 DR. SIMONE RADOUCO-THOMAS: Mr. Chairman,  
12 during the inquiry that we conducted last year,  
13 among the Quebec students, a lot of them returned  
14 their questionnaire with the following comment:  
15 "We insist that, say, the students, that the result  
16 of such inquiry were widely spread and communicated  
17 to everybody, and especially to the Government  
18 authorities, and if all -- if problems of the use  
19 can be better understood. We really realize  
20 that today's session was able to bring a  
21 few new datas, few permanent new datas and bring  
22 to light the problems of the youth." I will  
23 recall that Laval University and the talk in  
24 1968 among the students of the Province of Quebec  
25 an inquiry concerning the opinions and attitudes,  
26 thoughts, the psychodysleptic substance, the  
27 hallucinogenics. Twenty thousand students had  
28 been sent to us by a computer at different levels;  
29 University, college and high school, questionnaire  
30 was sent to them, mailed to them, together with a





1 letter to -- in which we were asking for their  
2 cooperation, and they were guaranteed an absolute  
3 discretion of their answers. About two weeks after  
4 we are -- we had already received 65% of the  
5 answers which is a very high percentage for such  
6 a gallup poll, and which really should -- show  
7 the interest of the student for such a questionnaire.  
8 I would only mention that such questionnaire was  
9 just -- was -- brochure was a 147 questions which  
10 for each question there was a code with several  
11 answers proposed to the students and they just had  
12 to put a cross in the corresponding digit. This  
13 of course could allow the data processing on the  
14 computer. And the answers were processed by  
15 computer and we have already served preliminary  
16 results. It appeared that at the time of the  
17 poll, 10% approximately of the student population  
18 studied, had at least once an experience of  
19 an hallucinogenic or marijuana or hashish or  
20 LSD and related products. On the other hand,  
21 this analysis demonstrated that the first  
22 experience was undergone with marijuana, and it  
23 was around the years of 1967, '68. The complete  
24 analysis of the thirteen thousand answers, and  
25 unhappily being interrupted, but it has been  
26 resumed now and we think that we will be able to  
27 present -- present the Commission with data that  
28 will result from the inquiry on psychology,  
29 sociological and psychiatric level. First,  
30 though, the question -- there was a question





1 answered some time and a few lines -- a few lines  
2 were at the disposal of the student to express  
3 his own view. For some question then he didn't  
4 have a quoted answer, but he had to give his  
5 own answer.. Of course, these couldn't be  
6 processed on the computer but they have the  
7 advantages of being more spontaneous and true,  
8 probably. We have reviewed around seven  
9 hundred and I would like to inform you as far  
10 -- on the results obtained. There was -- our  
11 only deal was two open questions which could  
12 show in a better light the student's attitude,  
13 on the hallucinogenic product. These two  
14 questions and the result of the compilation was  
15 put on two diagrams that has been sent to the  
16 Commission.

17 First I will repeat the question  
18 put to the student. This of course is only  
19 applicable to students who had already had one  
20 experience at least with drugs. The question  
21 was the last one: "If you ceased after your  
22 first or several experiences with hallucinogenic  
23 products, say why. If you haven't, if you are  
24 going on with this product, say what", so we  
25 have totalled those answers and the first  
26 conclusion is that all students did answer  
27 that question with a lot of work, trying to  
28 understand themselves and a lot of respect for  
29 those who were going to read them. Two  
30 aspects to be noted, one qualitative aspect

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... understand themselves and a lot of respect for  
... those who were going to read them  
... aspects to be noted, one qualitative aspect

1 and quantitative aspect. On the qualitative  
2 the aspects from individual students allowed us  
3 to note what was the previous or the past attitude  
4 of the student after the experience and we  
5 realized that 10% of the students would declare  
6 that they have taken drugs and hallucinogenics  
7 and more than 50% had completely ceased to use them.  
8 We can see on the diagram that a little more than  
9 one-third only continued the use of this substance.  
10 We could show that the percentage of those who  
11 ceased to use hallucinogenics were lighter  
12 and lighter and were according to the experience  
13 of the subject. The percentage of renunciation  
14 was higher in the group who had very few  
15 experience -- fewer experiences and the students  
16 who are going on to use the drugs, particularly  
17 the student takes was 1 or 2% only. However  
18 there were other aspects brought to light,  
19 and that was that 10% of the subject who in  
20 August, 1968 say that they used the drugs,  
21 were not at the very moment drug users. So  
22 it was only one-third of them which had continued  
23 and had a wish to continue and as compared to the  
24 two-thirds that had ceased and did not want to  
25 resume the use of the hallucinogenic substance.

26 Now we want to see the qualitative  
27 aspect, that is the motivation which urged these  
28 students to adopt their attitude and why they  
29 wanted to cease and why they wanted to go on  
30 using the drug. First the ones that were







1 continuing using the drug when the compilation  
2 of these answers were rather easy, all these  
3 opinions were put into a diagram and they can  
4 be summed in a few typical sentences. I think  
5 they will go on, because it is widening my experience,  
6 because I like it, because I can't see any danger  
7 incurred, and then I will go on as soon as I  
8 have the opportunity, and then a few others  
9 who say that they have no experience with anything  
10 hallucinogenic but just because they didn't have the  
11 opportunity to, but as soon as the opportunity  
12 will come by, they are ready to try it.

13 So the motivations of those who  
14 have decided to go on using the substance was  
15 because they liked it, and they think it was  
16 widening their personality and they could see no  
17 danger in it. As far as those who had ceased  
18 and had decided to stop using hallucinogenic  
19 their motivation were much more numerous and  
20 much more complex, so difficult to classify.  
21 However we tried to put that in the diagram  
22 and on the whole we could say that there are three  
23 groups of same importance, roughly those who have  
24 actually have experienced drugs, so it is always  
25 subjects who have had the experience of the drug  
26 once or more than once, after those experienced,  
27 there was the first group which had the attitude  
28 of negative attitude with the hallucinogenic  
29 products and another group had the indifferent  
30 attitude and the third group which was in favour



1 of the hallucinogenic product, but an extension,  
2 fearing the consequences. In this second  
3 diagram I expressed the (untranslated) which is  
4 of course very square, but allow me to make my  
5 communication. If you take these two groups,  
6 the first group with the negative attitude, the  
7 denial attitude where they say that they didn't  
8 want to use the drug any more for a protective  
9 or meditative motivation. Some of them  
10 refused to have another experience because of the  
11 personal effects could not accept the evasion  
12 principle or accept that they wanted to live in  
13 reality or because they rather want to look  
14 for the (portion untranslated) . Others  
15 have refused the position that they are not against  
16 the evasion themselves, but they have ceased  
17 because of their own experience which disappointed  
18 them. Their feelings were much inferior to  
19 what they were expecting or that the experience  
20 was physically very unpleasant, so they didn't  
21 want to have another one of the kind.

22           Aside from that big group which  
23 received a positive or a negative motivation,  
24 there is another large group, perhaps a little  
25 bit larger, of those who say that they can be  
26 indifferent to the experience of the hallucinogenic  
27 products. Their answers are generally speaking  
28 very laconic ones and we can find one answer  
29 because my curiosity was satisfied, it was  
30 enough for me, or I was not really interested in it,







1 so I don't see why I should go on with it."

2 Now, let's go into the third group,  
3 the third group are those who were rather in favour  
4 of the use of the drugs, but did not go on  
5 using them, fearing the consequences. Among the  
6 consequences you have the toxicological consequences  
7 related to the psychodysleptic nature and  
8 others. In the toxicological consequences, the  
9 student mentioned either they feared or either  
10 they observed themselves or others, a dimution of  
11 intellectual capacity, so they have decided to  
12 cease using the drug and others have been more  
13 influenced with the aspect of independence and  
14 t hey have stopped, after having used the drug  
15 once, twice or more, because they feared it  
16 was too pleasant and they feared the habit of  
17 using it. Other consequences which  
18 motivated the student to stop using the drug,  
19 was two principles, first the law and then the  
20 price. The price -- mention has been  
21 prohibitive as compared to the effect in feeling  
22 that we get -- that they got from it. We very  
23 often see the mention of price related to the  
24 opinions -- "I don't want to get that habit because  
25 I think it is a too expensive habit." Now there  
26 is the fear of the legal consequences that  
27 are rather a weak proportion. We can ask  
28 ourselves at the moment, where we talk a lot about  
29 legal implication in that field, and we can ask  
30 ourselves why this structure is used so little



1 by the student and this can be -- we could  
2 clarify that by another question that was asked:  
3 "Do you know what legal consequences are?" and the  
4 student answered according to the police which  
5 is dangerous, the fact of selling drugs and not  
6 the fact of absorbing them, so maybe why the lawful  
7 remark is not often mentioned. These can be  
8 effective, they can explain why the students stopped  
9 using hallucinogenic products. Of course these  
10 various factors are more or less important according  
11 to the experience of the subject. Those who  
12 had one or several experiences the prime factors  
13 would be only refusal or indifference, but  
14 when you have fear of the consequences toxicological  
15 or not, you find that people who have a great  
16 many experiences or the fear of dangerous effect  
17 particularly on those who absorbed LSD. These  
18 incidences however are opinions from students  
19 from last year, 1968, but I don't know if they  
20 have been modified since then, and this is in view  
21 of knowing that evolution among the young people  
22 and to give them the meaning to express themselves  
23 that we think that we are going to send them  
24 again another type of questionnaire. We are  
25 not of course going to touch the same subjects  
26 because we don't really know the name and we  
27 probably won't touch twenty thousand students  
28 in the last year, but we will send a sufficient  
29 number to get valid constitution on this  
30 statistical point of view, as valid as we got in '68.





1 We hope that we will be able to  
2 communicate the result of the inquiry and the  
3 comparative figures to the Commission when it will  
4 be in March in Quebec. It seems to us, however,  
5 very useful that we should exteriorize those  
6 motivations of the young to see why <sup>they</sup> have ceased or  
7 why they are going on using drugs and hallucinogenic  
8 products. I have to state however, that all  
9 those attitudes that they have mentioned, are  
10 most valid for the ones who have absorbed  
11 marijuana. I think that the majority of the  
12 young is totally against the use of solvents,  
13 against the use of LSD outside of the medical  
14 supervision, that on the contrary, where  
15 marijuana is concerned, where we find all types  
16 of attitude, refusal to continue, indifference  
17 or attract unfavourable attitudes or that's it --  
18 a favourable attitude followed by a certain period  
19 of abstention by fear of consequences or  
20 favourable attitude which could lead through the  
21 years, to various labels, and according to the  
22 subject, sporadic, or regular or abuse.

23 THE CHAIRMAN: Thank you, Doctor.

24 DR. VILLENEUVE: I would like to  
25 thank the Commission for having invited us to  
26 come here and give some comments and as a  
27 psychiatrist I want to say that I have quite  
28 appreciated the comments concerning mainly on  
29 drugs.

30 THE PUBLIC: Excuse me, I would



1  
2 just like to ask ---

3 THE CHAIRMAN: Excuse me, the  
4 Doctor was just going to complete his statement.  
5 Could we hear the second half of it, if you don't  
6 mind, please. Doctor, could you go on please?

7 DR. VILLENEUVE: I just want  
8 to say that as a psychiatrist and as a citizen  
9 I have appreciated the fact the Commission  
10 enabled people to give some personal comments  
11 especially on the use of marijuana.  
12 Dr. Radouco-Thomas has given the comments on this  
13 regard to the symposium on drugs and that is why  
14 Dr. Radouco-Thomas has given you the guidelines  
15 of the survey in the brief we have submitted to  
16 you. We have studied the pharmacological,  
17 toxicological aspects of the problem. The  
18 psychological and psychiatric, sociological  
19 and legal aspects of it. I would not go over  
20 them again. I would merely remind you that on  
21 the psychiatric level, we have tried to insist  
22 on the distinction which should exist between  
23 the major types of drugs,

24  
25 - - - - Page 137 follows  
26  
27  
28  
29  
30





1 on the psychiatric distinction . . . We have tried to  
2 insist on the distinction should that exist  
3 between the various types of drugs, the dosages,  
4 the frequency of usage, the resistance of the  
5 subject and so on, and as in the brief comments  
6 I will make now, I will insist mainly on the  
7 legal -- legal aspect, on the knowledge or lack  
8 of knowledge we have now. As far as the legal  
9 aspect of it is concerned, and as far as  
10 marijuana is concerned, we will agree the laws  
11 are quite excessively strict by classing marijuana  
12 as a narcotic. Personally, I would be more  
13 preoccupied as a psychiatrist by the use and  
14 the abuse of other drugs, like barbiturates,  
15 amphetamines than by the use of marijuana.  
16 Other societies and organizations making laws,  
17 and these laws should be discriminate and just  
18 and should not lead to criminality, because they  
19 are not made properly. All this has been  
20 insisted upon by other speakers. I noticed that  
21 approximately two days ago the Federal Bureau  
22 of Statistics published some figures saying  
23 that the criminality rate in Canada had increased  
24 by 9.5% last year and that the higher rate  
25 was concerned mainly with the use and trafficking  
26 of narcotics, 2,584 infractions in 1968, and  
27 it seems obvious that this increase is probably  
28 due to the increased use of marijuana and to  
29 -- and more to a stricter application or  
30 enforcement of the law.



1 I would now like to make a  
2 comment which is not quite facetious. I was  
3 wondering what kind of thing would result if the  
4 users of marijuana were to get arrested -- if  
5 they were all to be arrested on the same day.  
6 What would happen then? A traffic jam. And  
7 I-- as far as the law is concerned, if you  
8 consider the law as a preventive measure,  
9 our survey shows that few drug users, whatever drug  
10 they use, have been -- have stopped using the  
11 drug because of fear for legal sanctions. I have  
12 a personal experience, because I have treated in  
13 New York City more than 125 heroin addicts and  
14 I have worked with them in their disintoxication  
15 treatment, the treatment of (untranslated)  
16 and in no case whatsoever was the law the  
17 reason for their stopping their habit. At the  
18 present time the psychiatry and medical approach  
19 to the problem is such that it might bring some  
20 results, I believe, but it is quite limited to  
21 the treatment and rehabilitation, and the  
22 treatment on rehabilitation should be considered  
23 in a more global aspect, but I see that medical  
24 preoccupation has brought about the preoccupation  
25 by governments, and the governments now consider  
26 these problems as more psychological, psychiatric  
27 aspects rather than legal problem. Our  
28 knowledge of course on marijuana has been  
29 improved and increased since 1938, and I was  
30 reading -- looking at these studies on the





1 pharmaceutical, medicinal, medical and other  
2 various aspects of the use of drugs. I was  
3 amused, then surprised, then saddened at seeing  
4 that we are still asking ourselves the same  
5 questions, we still have the same objections  
6 in 1969 than at that period in 1938. You  
7 will remember in 1938, Mayor LaGuardia had  
8 asked the New York Academy of Medicine to  
9 study the use of marijuana in New York, which at  
10 that period was considered a very important problem.  
11 This request was referred to the Committee on  
12 Public Health of that Academy which in time  
13 referred it to a sub-committee. One year  
14 later the conclusion of that Committee was,  
15 and I will put it in English, it is an important  
16 and social problem. It was time of the study of  
17 its effect can be made based upon the well-established  
18 evidence and prepare an outline of methods of  
19 possible action from the study of the problem.  
20 It recommended that such a study should be  
21 divided into two parts. Part one, sociological  
22 study dealing with the extent of marijuana  
23 smoking and with the methods by which the drug  
24 is obtained. In what straits and among what  
25 races, classes and types of persons, the use is  
26 most prevalent, whether certain conditions  
27 are factors in its use and what relation there is  
28 between its use, and criminal or anti-social  
29 acts, and two, a clinical study to determine  
30 by means of control experiments, the physiological



1 and psychological effects of marijuana on  
2 different types of persons. The question as to  
3 whether it causes physical or mental deterioration  
4 and its possible therapeutic effects in the  
5 treatments of disease or of other drug addictions.

6 This was published in 1944  
7 and I would like to give you some conclusions  
8 admitted or given by the committee having studied  
9 the sociological aspects of the problem. Some  
10 conclusions: The consensus is that the use  
11 of the drug create a feeling of adequacy.

12 The practice of smoking marijuana does not lead  
13 to addiction in the medical sense of the word.

14 The <sup>marijuana</sup> distribution of / is is not under  
15 the control of any single organized group.

16 The use of marijuana does not lead to morphine  
17 or heroin or cocaine addiction, and no effort  
18 is made to create a market for these narcotics  
19 by stimulating the practice of marijuana smoking.  
20 Marijuana is not the determining factor in the  
21 commission of milieu crime. Juvenile delinquency  
22 is not associated with the practice of smoking  
23 marijuana.

24 And in the summary: "In most  
25 cases the marijuana smoker is a friendly, social  
26 character. Aggressiveness and beligerancy are not  
27 commonly seen, and those showing such traits are not  
28 allowed to remain in "tea" pads. The marijuana user  
29 does not come from the criminal  
30 class and there was found no direct relationship  
between the commission of crimes, of violence and





1 marijuana. It was found that marijuana  
2 is inaddictive, impairs intellectual functioning  
3 in general. In conjunction to this, it has  
4 adverse effects on speed and accuracy and performance  
5 on application of acquired knowledge, on  
6 carrying out a task of memory on capacity  
7 following. Marijuana does not change capacity  
8 (inaudible) , it lessens inhibitions and this  
9 brings out what is emotions but it does not  
10 evoke which may otherwise be alien. As a study,  
11 as a whole, it is concluded that marijuana is  
12 not a drug of addiction comparable to morphine,  
13 and if tolerance is acquired, this is of a very  
14 limited degree. Furthermore these -- those  
15 who have been smoking marijuana for a period of  
16 years showed no mental or physical deterioration  
17 which may be attributed to the drug."

18 More than twenty-five years  
19 after the publication of this report, we are  
20 still asking ourselves the same questions.  
21 At the present time the recommendations that  
22 I would like to make are mainly situated within  
23 the line of those mentioned earlier, that is,  
24 that we should give more -- more information,  
25 true and informed information starting very young,  
26 and of course we should, in society have  
27 education and the establishment or rehabilitation  
28 programs for other types of addiction, other than  
29 is, than marijuana. It is obvious that I  
30 agree with your conclusions I submit -- in the



1 brief submitted to you by the Canadian Medical  
2 Association as well as the conclusions submitted  
3 to you by Mr. Berger, as far as the legal sanctions  
4 are concerned, and the legal sanctions should  
5 be suspended for the present time before going  
6 on with the study. Let's hope that in  
7 twenty-five years we will not quote similar  
8 conclusions or conclusions similar to that of  
9 the LaGuardia Report.

10 THE CHAIRMAN: Are there some  
11 questions or comments? Yes, would you like to  
12 come to the microphone, please?

13 THE PUBLIC: I was just wondering  
14 if there was any differentiation between these  
15 psychotropic drugs, that they find, in marijuana,  
16 LSD, mescaline, hard drugs, all together. Is  
17 there a separate breakdown for each of the  
18 percentages, like what is the percentage --  
19 they are talking about the broad effects, of the  
20 psychotropic drugs. Are you including all  
21 psychotropic drugs or just marijuana or marijuana  
22 derivatives? What are your group percentages?  
23 Are your group percentages a group of two or a  
24 group of fifty or a group of a hundred? Like  
25 what percentage is the group that had bad effects  
26 related to a group that had good effects? I  
27 would be satisfied if I could just have a copy  
28 to just look it over.

29 DR. RODOUCO-THOMAS: At the  
30 present time I intentionally and on purpose did not





1 give very precise conclusive notions to show that  
2 there has been a possibility of going on with the  
3 drug or withdrawing from it. At the present time ---  
4 this is based on a general view of approximately  
5 seven hundred students who had said, who they  
6 said had at least one experience in that field,  
7 so we wanted to consider the proportion of the  
8 various factors, solvents, marijuana, and LSD.  
9 We would like to have done that, but generally  
10 speaking all these factors were mentioned. The  
11 indifference, refusal or fear, these factors were  
12 mentioned in approximately the same quantity.  
13 For as far as LSD is concerned, most of them were  
14 against it, because they thought it was quite  
15 dangerous. A little less for glue, that is,  
16 all of them were against glue and most of them  
17 were against the LSD because they thought it might  
18 be dangerous and they would have accepted trying  
19 LSD, but under close medical surveillance.  
20 We would go -- would like to go on with our  
21 study and study it in more detail.

22 THE PUBLIC: I just wanted to  
23 know because of the fact I felt there was a  
24 difference between marijuana and the harder drugs  
25 and you should have differentiated.

26 THE CHAIRMAN: Thank you.

27 PROFESSOR BERTRAND: I would like to  
28 ask you two questions. First of all, since you  
29 see as much as we do the report or the results of  
30 surveys or household surveys that are now being



1 done concerning the use of drugs, would you be  
2 tempted to say -- this is my first question --  
3 if your percentages are already very low  
4 compared to what we hear nowadays. You mentioned  
5 10% of your two thousand students, if I understand  
6 you correctly. Do you think the percentages  
7 are very low if we compare them to the statistics  
8 given to us by the surveys made nowadays by the  
9 university students for the Province of Quebec?

10 DR. RADOUCO-THOMAS: Last year  
11 they were approximately the same as the statistics  
12 given to us by a survey done on a smaller number of  
13 pot people in New York City, and now actually we  
14 do not know exactly what is happening. This  
15 is why we want to start anew and see the evolution,  
16 but I want to tell you that in the new evolution  
17 we want to see that the 10% were not consumers,  
18 but most of them had stopped using those drugs.

19 PROFESSOR BERTRAND: My second question  
20 would be the following one. Have you done  
21 something special to try and prove the validity of  
22 that questionnaires sent by mail? The reason  
23 why I am asking you this question is that there  
24 are students in this hall today saying that some of  
25 them might answer a question in a very fashionable  
26 way, but not quite truthfully.

27 DR. RADOUCO-THOMAS: We had  
28 no control whatsoever on that since we had not  
29 received the name of the people who answered the  
30 questionnaire. Some people insisted on their

It is a good thing that you



1 own honesty in answering the questionnaire .

2 We can't be absolutely sure of course but it can  
3 be quite astonishing to see in most of these  
4 answers the same amount, the same number, the  
5 same proportions which would seem to mean that  
6 generally speaking through their comments, the  
7 students made some suggestions showing that they  
8 were really interested by this questionnaire.

9 There are some comments that were made and that  
10 we would have to take into consideration,  
11 especially concerning other questions which could  
12 be asked in a questionnaire of this sort.

13 Most of them mentioned that they would like more  
14 information. Generally speaking the answers to  
15 the various questions were given with a lot of  
16 serious and honesty and we noticed (portion untranslated)

17 DR. VILLENEUVE: As far as your  
18 question is concerned, evidently that questionnaire  
19 was approved, discussed before mailing, in a way,  
20 and of course we have restructured it according  
21 to the suggestions of the student request. As  
22 far as the answers given by the students, of  
23 course these results can always be altered and  
24 it is always possible to lie in an interview.

25 PROFESSOR BERTRAND: And another  
26 suggestion for a new inquiry to update your data,  
27 would it be possible perhaps to have a few  
28 interviews, or a series of interviews in a  
29 certain circle, to ensure the validity of data  
30 acquired?



1 DR. VILLENEUVE: We have  
2 done also -- and we have had also interviews  
3 with some young people out of the student world,  
4 who are using hallucinogenic products and we  
5 also took this suggestion into consideration .

6 PROFESSOR CORNEILLE RADOUCO-THOMAS:  
I would just like to complete an aspect of your  
7 inquiry. In that inquiry, we had a very large  
8 cooperation from students and student teams and  
9 medical-sociologists, pharmacists have given us  
10 their cooperation permanently, and are -- it  
11 is a very enrichment because they are among the  
12 students and then they can have a friend to  
13 friend talk and the interviews to which the various  
14 doctors have done, we have insisted that in the  
15 panel there have been two students, because it  
16 has been very -- it is very very interesting to  
17 have that participation from the student and to  
18 have the juniors and the seniors represent the  
19 same aspect of the problem.

20 THE CHAIRMAN: Doctor, I am in a  
21 very difficult position, because I have the  
22 communication during the day, Dr. Pope has to  
23 submit his communication because he has to take  
24 another plane and I would like him to take the  
25 floor because I would like to adjourn your  
26 communication until later and until Mr. Pope has  
27 done his. Thank you, very much.  
28  
29  
30





1 MR. POPE: First of all, Mr. Chairman, I  
2 would like to apologize for putting this meeting to such  
3 inconvenience, and thank you for your indulgence.

4 As a result of your very kind letter of  
5 invitation to speak here, I am most happy to be here  
6 today and I speak to on behalf, not of the entire  
7 P.C. party, but what I believe to be a substantial  
8 majority.

9 At our recent conference in Niagara Falls,  
10 we discussed this question quite thoroughly and got  
11 a consensus from the Federation so I am speaking for  
12 them ---

13 THE CHAIRMAN: Can everyone hear?

14 THE PUBLIC: No.

15 THE CHAIRMAN: Pull that mike up closer.

16 MR. POPE: In a couple of preliminary  
17 matters, Mr. Chairman, if I may, I would like to  
18 file a bibliography with you, a better typed edition  
19 of this paper, and if I may, we have taken a National  
20 Students Survey the results of which will be known  
21 in two weeks and one of the issues discussed is the  
22 legalization of marijuana and I would like to file  
23 that with you too, at a later date.

24 At the outset, Mr. Chairman, may I  
25 apologize for ...



1 any repetition of argument that you no doubt heard  
2 on numerous occasions in the not too distant past.  
3 I hope you will understand that I am trying to  
4 trying to evolve a rational approach and I am trying  
5 to reveal to you the rationale that we are using  
6 in getting to this position that we have taken on  
7 the use of marijuana.

8 My submission has two weaknesses,  
9 I would submit, first of all I am not <sup>personally</sup> involved  
10 in drugs, and secondly I have delayed perhaps too  
11 long with the youth of a major political party  
12 in taking part in issues involved. As a result  
13 submission does not emphasise the nature of drugs  
14 or their effects, so I feel that there are more  
15 important questions that I can deal with.  
16 The second should <sup>not</sup> mean that there are not  
17 arguments more strongly heard or less sincere  
18 even though this area is one towards which a  
19 a great deal of publicity is now being directed.  
20 Mr. Chairman, throughout the history of the civilized  
21 world there has been many drug cultures or  
22 societies. We are a society every day,  
23 helps itself to various forms of chances to  
24 satisfy physical, mental, and emotional  
25 needs, yet one of the curiosities of our habits  
26 is that some drugs are accepted, while others  
27 are rejected by our laws. The area to which  
28 we are directing attention now is one to which  
29 the law exhibits ignorance and confusion.  
30 I have dealt in my submission to you, Mr. Chairman,





1 various discussions on the nature of drugs and  
2 tried to take a consensus on what the nature of  
3 them are. I don't think I have to go through  
4 that now. You are aware of that yourself.  
5 There are several issues which involve the nature  
6 of marijuana which I would like you to note,  
7 however. The categorization of marijuana  
8 as a harmful drug has often been made, but never  
9 substantiated. Yet there is no doubt that it  
10 has no medical or physical benefits. There  
11 appears to be no evidence of physical dependence  
12 evolves from its use yet there may be psychological  
13 dependence in the same way that of our present day modes  
14 of consumption or recreational habits. There is  
15 no medical evidence of progression from marijuana  
16 to the so-called hard drugs, yet cross-habi-  
17 tuation with other drugs is growing and there is  
18 no evidence that the user can handle his drug  
19 habit. We see more confusion than ever before  
20 today in the nature and effect of marijuana. When the  
21 laws prohibiting the use of marijuana and other drugs  
22 were first /created in North America, there appeared to be  
23 little doubt of the validity of many. I have  
24 quoted two comments of the U.S. Commission on  
25 Narcotics. I will just quote the first one,  
26 "The Narcotic/ Section recognizes a great danger in marijuana  
27 due to its definite impairment on the  
28 mentality and in the fact that its continuous use  
29 leads directly to the insane asylum." Irrespective  
30 of any doubt cast upon these notions by modern  
research they appear to persist throughout the



1 Court system, and they are used to justify  
2 the strict application of existing legal sanctions  
3 against drug abuse. For instance, G. Joseph Toro  
4 Chief Justice of the Supreme Court of Massachusetts  
5 in an article this year attempted to justify his  
6 decision in a case of Commonwealth versus Leis,  
7 by stating that marijuana is harmful and dangerous,  
8 in that it was mind-altering, in that it produced a  
9 state of intoxication, in that it distorted  
10 perception and psycho motor coordination, in that  
11 it develops psychological dependence, in that  
12 it had a disinhibiting effect, in that it had  
13 no medical use, in that it was not a part of a  
14 dogma of any recognized Western religion and in  
15 that it had a growing attraction to the very young.

16 A quick perusal of this criterion  
17 <sup>it</sup> reveals/ to be unproven and immaterial in revealing  
18 the drug's harmfulness. Justice Toro's  
19 article further places in the legal context, the  
20 questions of progression and drug abuse related to crime.  
21 He quotes studies from which drug addicts  
22 / admitted to having taken marijuana or to  
23 having been arrested on charges involving  
24 marijuana. However the judge fails to  
25 distinguish between causal relationship and  
26 habituation. A further statement that it leads  
27 to further crime can also be rebutted. No proof can be  
28 offered of causal relationship of significant proportion  
29 and it might be suspected that society's treatment of drug  
30 offenders <sup>more</sup> is driving them to further crimes than the mere  
use of the drug. Also the statement the use of  
marijuana leads to other crime conflicts with





1 those studies already undertaken. I refer you  
2 expressly to the LaGuardia commission. Although  
3 perhaps not so fully expressed, similar attitudes  
4 as those of Justice Toro exist in many Canadian  
5 jurisdictions. It seems fair to conclude  
6 there is no rational basis for the use of marijuana  
7 as a drug. Indeed we may conclude that young  
8 people found in possession of the drug are being  
9 severely punished in this campaign, which seems  
10 to be based mostly on fear and ignorance.  
11 The rationality of the Canadian approach of the  
12 drug is further suspect from the legislative  
13 approach to the drug problem. And my  
14 submission, Mr. Speaker, I have gone through the  
15 various statutes and attempted to illustrate how  
16 we punish people for the use, the possession, the  
17 sale of marijuana, more than we do for the use  
18 and sale of other more harmful drugs. An  
19 added factor in considering the acceptability of existing  
20 legislation is the severity of <sup>punishment.</sup> / The Manitoba  
21 Court of Appeal in the 1968 case of R. vs  
22 McNichol overruled the Magistrate's  
23 decision and sent a University student with no  
24 previous court record <sup>to prison</sup> / for possession.

25 Mr. Speaker, you can go through,  
26 during the past few years in this country, you  
27 can go through almost every jurisdiction and find  
28 where the Court of Appeals are overruling magistrates'  
29 suspended sentences and given prison terms to  
30 these people on first offence for a mere possession.



1 They do not take into account the fact that  
2 these people are going to University, that the  
3 prospects for the future, as far as taking up a  
4 responsible part of the society, they do not  
5 take into consideration these. They are  
6 interested purely in deterrents.

7 Given the fact that imprisonment  
8 can never be justified by a concern for  
9 rehabilitation, one can sympathise with the need  
10 of a magistrate to justify the punishment inflicted  
11 upon these individuals on the basis of deterrents.  
12 Also realizing that magistrates seem unwilling to  
13 admit the laws that are workable, increased sentences  
14 seem to be the only means of dealing with an  
15 increasingly popular illegal act.

16 This is not meant as a criticism,  
17 again, Mr. Chairman, it is just meant as a comment.  
18 However, we would submit that puritive measures  
19 of such widespread activity in terms of its  
20 actual practice and of its acceptability does  
21 not act as a deterrent, but rather evokes  
22 disrespect for the law and its enforcement  
23 agencies and succeeds in alienating a  
24 significant portion of the population. We would  
25 submit that there can be no deterrent effect  
26 where the incidence of punishment to the  
27 commission of the criminal act is minimal.  
28 We would respectfully submit that the present  
29 law is neither rational or justified in terms of  
30 its relationship to our knowledge of the nature and





1 effects of drugs, of the severity and consistency  
2 of punishment and of the aims of the application  
3 or the legal process. It is not founded on  
4 social reality nor is it -- has it accomplished  
5 its purpose. Instead it merely adds to the  
6 social problem of the misuse of drugs, it adds  
7 to this problem, the social problems inherent  
8 and unjustified punishment for an unacceptable  
9 act. Having accepted the unsatisfactory nature  
10 of the present legislation we must either alter  
11 that legislation or delete it. In making this  
12 decision we would submit that many factors need to  
13 be reconsidered. Although I will say at this  
14 time that our opinion is that the sanctions  
15 against the use of marijuana must be repealed.  
16 Marijuana and the hallucinogens, although  
17 formally not considered to be part of the middle  
18 class system of drugs, the use of which has  
19 always been legal, are now an integral part  
20 of the accepted drug culture. There is no  
21 identifiable criminal element associated with  
22 their use, but rather all ages and all classes  
23 are involved. Marijuana and its companions  
24 fit into the total drug picture. If we  
25 revoke the <sup>tendency of</sup> dealing in extremes, the true nature  
26 of drug use is much the same as our present use  
27 of alcohol and tobacco. Marijuana and other  
28 drugs are used for entertainment and socialization  
29 purposes at an infrequent rate. Its abuses,  
30 we would submit, are no different in nature or



1 magnitude from the abuses present in our other  
2 habits. Such <sup>abuses</sup> / are not inherent in the drug  
3 itself, but indicate a larger collection of  
4 psycho-social problem and individual weaknesses.  
5 Society in the past has created a drug addiction  
6 problem, but has successfully avoided this problem  
7 by punishing the addict for his habit. We must  
8 adopt a multi-disciplinary approach determining  
9 the personality of the drug addict and condition  
10 society to the drug addict in order to discover  
11 the cause of addiction. In this approach to  
12 addiction we would submit that legal sanctions  
13 are not appropriate. Even if we do not  
14 personally agree with the use of drugs we would  
15 suggest that we should not coerce a morality  
16 by the use of criminal law that most citizens  
17 of this nation are beginning to feel it is not  
18 worth the social cost. The present social cost  
19 is the waste of time and effort by the law  
20 enforcement agencies desperately required  
21 elsewhere and the human waste feeding these victims  
22 through the machinery of criminal justice.  
23 It is just not worth it. Also as a basis of attitudes  
24 towards the legislation of marijuana is our  
25 political philosophy. While this issue need not  
26 be belaboured, we feel it is important to mention.  
27 Many have justly raised severe doubts as to  
28 whether the law can or ought to determine individual  
29 behaviour which has no direct effect on society.  
30





1 In other words, can we dictate a comprehensive set  
2 of morals to be followed by each <sup>citizen</sup> We would  
3 submit that the right of privacy can be only  
4 limited by the physical integrity of the  
5 individual. This is not meant in an absolute  
6 sense, but in a comparative one. Canada sends  
7 as a percentage, more people to prison than any  
8 other nation in the Western World. More  
9 criminal acts on a capital basis are committed  
10 here than any other nation. We would suggest  
11 that more acts are designated criminal than any  
12 other nation. Law should not be a substitute  
13 for social pressures. Individual responsibility  
14 cannot be foistered upon us. Legal sanctions  
15 cannot be a complete straightjacket or all-inclusive  
16 guide for often those with contempt for the law  
17 are not deterred by its application. We  
18 would suggest that this is precisely what has  
19 happened with our laws regarding drug use.

20 Mr. Chairman, as a result of our  
21 aforementioned considerations and our deep  
22 concern for the problems of drug abuse, we, the  
23 Progressive Conservative Student Federation  
24 recommend the following: 1. That a system of  
25 centres be established across the country to  
26 provide information, consultation and assistance  
27 on a more humane basis to drug users. This  
28 organization should be (inaudible).  
29 2. That further funds be made immediately available  
30 for research into the nature and effects of drugs.



- 1  
2  
3 3. That a permanent national drug commission  
4 be established for the administration of the  
5 previous two recommendations for the promotion  
6 and coordination of research and for the  
7 exchange of information between existing drug  
8 committees.  
9  
10 4. That an all-relevant statutory provision be amended  
11 to remove the present prohibition of the importation,  
12 sale or use of marijuana.  
13 5. That a one year pause in prosecutions for the use  
14 and sale of hallucinogens be observed after which  
15 time a final decision as to the legality be made.

14 In conclusion, Mr. Chairman,  
15 our recommendations are all directed toward the  
16 drug user. The first three particularly  
17 serve to help us understand the problems. We  
18 feel that they would meet with widespread approval.  
19 In our opinion, the fourth recommendation is the  
20 absolute minimum of immediately required action.  
21 It may also in some respects be only a stop-gap  
22 measure. More time to assimilate newly acquired  
23 information on the hallucinogens is required,  
24 but a decision regarding the complete legalization  
25 must not be put off. My initial position is  
26 that they should also be legalized, although  
27 this may be subject to changes, new medical data  
28 made available. Regardless of our conclusions  
29 as to the scope of legalization, the use of  
30 these legalized drugs must be subject to quality





1 control. Specifically marijuana should be packaged  
2 with warnings as to the nature and possible effects  
3 of the drugs, it should be distributed through  
4 a government agency in the same way as alcohol is  
5 today. Restrictions on advertising should also  
6 be applied. These restrictions should also be  
7 applied to the hallucinogens when they are  
8 legalized. Finally there should be punishment for  
9 crimes committed/while influence under the / of these drugs.

10 Mr. Chairman, the non-medical  
11 use of drugs is not a problem with generations,  
12 it is an issue involving people threatened by  
13 law with which they disagree. It involves  
14 people who see in these laws, repression,  
15 unworthy of our nation. We are happy therefore to  
16 add our voice to their's.

17 THE CHAIRMAN: Thank you very  
18 much. Are there any questions or comments?  
19 Perhaps you can't wait to hear them.

20 THE PUBLIC: I have just one  
21 question. My feeling is not particularly helpful  
22 to -- I should say to throw drug addicts in jail,  
23 any drug addict, so I ask, why is it just marijuana  
24 that you are talking about?

25 MR. POPE: I deal  
26 with marijuana because I believe, throughout the  
27 past six months having discussed and talked  
28 about it with other people, I think it is a symbol,  
29 and also I think that if you put marijuana on  
30 a scale with the other drugs that I have been



1 talking about, that it is lowest on the scale as  
2 far as its detrimental effects on the person.  
3 Now, I think, based on its widespread use and  
4 these considerations, I think we first have to hit  
5 marijuana right away, and as I indicated my  
6 first -- my primary attitude is the same thing  
7 should be done with these other drugs.

8 THE PUBLIC: Thank you.

9 THE CHAIRMAN: Mr. Pope, before  
10 you leave, could you tell us, is this your  
11 personal submission or is it the submission of the  
12 Progressive Conservative Student  
13 Federation?

14 MR. POPE: Maybe I should make  
15 this clear. It is both my personal submission  
16 and the submission of a majority of the Progressive  
17 Conservative Student Federation. So if you  
18 would apply the majority in perspective to it  
19 it is a submission of the Progressive Student  
20 Federation.

21 THE CHAIRMAN: How was this  
22 majority established?

23 MR. POPE: Yes, at Niagara  
24 Falls, we had one delegate for every club and  
25 we had a meeting on this specific issue of  
26 marijuana and I don't know if you were aware or  
27 not but we took a part in discussions at Niagara  
28 Falls and we achieved a consensus at that meeting.

29 THE CHAIRMAN: That was among the  
30 students?





1 MR. POPE: That was among the  
2 students.

3 THE CHAIRMAN: The party as a  
4 whole received a different consensus?

5 MR. POPE: The problem was that  
6 the group in that stream were only forty. I don't  
7 know if you could call that representative.  
8 We did not attempt to plug the stream in order to  
9 get a variable vote. We left it as representative  
10 as it was, so you may say perhaps on a very narrow  
11 margin the Progressive Conservative Party  
12 opposed it, however the caucus of the Progressive  
13 Conservative Party is split on it and they will  
14 be meeting in two or three weeks with experts of  
15 their own to go over the problem, so I can't talk  
16 for them.

17 THE CHAIRMAN: Thank you very  
18 much.

19 MR. POPE: Thank you.

20 THE CHAIRMAN: We might summarize  
21 the presentation of Dr. Radouco-Thomas.  
22 Could you please take your seats at the table again,  
23 please.

24 THE PUBLIC: Mr. Chairman ---

25 THE CHAIRMAN: Thank you.

26 THE PUBLIC: It is not a question  
27 I would like to ask, I am just coming in now.  
28 I have heard some of the comments. I am coming  
29 here as a doctor, as the father of a drug addict,  
30 a drug addict whose life I have saved two nights



1 ago, because one day two years ago I was  
2 convinced that marijuana was harmless, at least  
3 as harmless as alcohol or tobacco, so I have  
4 given permission to my son to take marijuana with the  
5 advice of a psychiatrist, and doctors and authorized  
6 persons. Of course he started with marijuana  
7 for a few months, and then after a few months he  
8 left his classes with twenty-three of his friends  
9 in three different colleges in the City, then  
10 the thing started from marijuana, they went on  
11 to hashish, they went on to LSD, that they could  
12 obtain in Montreal and then they went, the whole  
13 group of them went to Vancouver. Then he  
14 came back a drug addict after four months, he  
15 was sent back by the government -- the police of  
16 Vancouver, with a ticket -- note, and mainly because  
17 one day I was led to believe that marijuana was  
18 harmless, and all this started. And here today  
19 we discuss the same problem before the Commission  
20 of Inquiry. I don't think we should even  
21 mention the fact that this drug should be left  
22 in the hands of young people nowadays. It is  
23 as harmful as -- to give permission to a thief  
24 to steal a fifty cent object, because it is worth  
25 only fifty cents. If he is not punished because  
26 he steals something which is worth fifty cents,  
27 he will be punished because he has stolen  
28 something which is worth fifty thousand dollars,  
29 so we should not accept the fact that the  
30 marijuana should be left in the hands of young





1 people or whatever other person outside of the  
2 medical profession. This should be used only  
3 for medical purposes, so this is the objection  
4 and the thing that I wanted to say, and the  
5 objection I have to present against the use of  
6 marijuana. I think since this is a personal  
7 familiar experiment, nowadays he was near death  
8 because he had started with marijuana, so this  
9 is a warning to the young people, the youngsters  
10 who think marijuana is quite harmless.

11 THE PUBLIC: How old was your son?

12 THE PUBLIC: Nineteen.

13 He started at seventeen, sixteen, seventeen, to  
14 start with this drug. God only know when they  
15 really start this. I have learned about it  
16 two years ago.

17 DR. VILLENEUVE: Could this gentleman  
18 give us a few words on the behaviour of his son?

19 THE PUBLIC: Well of course, my  
20 son -- there is the psychiatric problem -- of  
21 course I have three sons, this is the middle one.  
22 The second one is quite frustrated because first  
23 of all there is another son after him and he is  
24 not the first one, so he is between two other  
25 children, he doesn't know how to behave, so  
26 naturally he is not quite prepared to face life.  
27 Of course this is what the psychiatrist said,  
28 and it is true in many families. Of course they  
29 don't all start using drugs, because of this,  
30 but they all seem to have special behaviour where



1 there are three children. Usually the second  
2 one feels quite frustrated because of the other  
3 children, so starting around fourteen years old --  
4 until fourteen years old, he was quite all right,  
5 he was having a normal behaviour, he had the  
6 same education as the others, the same opportunities  
7 as the others, he was going to summer camps,  
8 to colleges, had his brothers -- what we might  
9 -- we were able to see that he might not have  
10 been as receptive as the others, and in summer  
11 camps he was refused the last year because of  
12 his special behaviour. He was not co-operating.  
13 Of course there was something in him that might  
14 have pre-disposed him to the use of drugs. The  
15 fact is that he has used drugs, maybe because of  
16 his own psychological ---

17 THE CHAIRMAN: Dr. Lehmann?

18 DR. LEHMANN: After what you have  
19 just said, do you think then that we could consider  
20 the permitted use of marijuana for young persons  
21 who are declared mentally healthy? Maybe they  
22 would remain intact?

23 THE PUBLIC: I don't know  
24 exactly what the chemical nature of marijuana  
25 is, but according to my own experience, this  
26 will lead to other hallucinogenic drugs, so  
27 I think it should be used only for medical  
28 purposes, if it is proven that there is a  
29 possibility of using it for medical purposes.  
30 I don't think the youngster should use this drug.





1 Even adults shouldn't use it.

2 DR. LEHMANN: Well, do you think  
3 that your son might have been more sick than  
4 people of his own age, or do you think that the  
5 youngsters are in the same general condition, in the  
6 general manner of speaking?

7 THE PUBLIC: The only thing I can  
8 say is that maybe he was predisposed a little bit  
9 to it. As I was saying, he was not receptive  
10 to the familiar atmosphere, he was a little bit  
11 apart from the others, so he was extraordinarily

12 DR. LEHMANN:  
13 Or do you think there are many others like him  
14 in our society?

15 THE PUBLIC: I think there are  
16 many others like him, who are not really prepared  
17 to face life, and if there is one chance out of  
18 ten for them to become drug addicts, I don't think  
19 that it is worth it. I don't think that the  
20 young people would appreciate or enjoy such a  
21 pleasure or take a great risk, because the real  
22 risk is that the use of marijuana would lead to  
23 something else and worse, which happened to my  
24 son. Even if they have more or less balanced  
25 personalities. Of course I am not a specialist,  
26 I am a specialist in surgery, not in psychiatry  
27 or chemical products. I don't know what the  
28 reaction can be on the nervous system, but I  
29 am speaking now of a practical way as a father  
30 and I am just mentioning to you what happened to  
my son and others. Also I had contacts with the



1 officers of the Federal -- the R.C.M.P., the Federal  
2 Police, and I have noticed that my son is not  
3 anti-social, he is not a delinquent, but his  
4 behaviour has led him to the use of that drug and  
5 two other drugs, methadone and heroin. He is  
6 under the help of a psychiatrist and the main thing  
7 I want to put on you now is our hospitals in the  
8 Province of Quebec and in Canada are not prepared  
9 at least the psychiatric hospitals are not  
10 prepared to treat those drug addicts. He has  
11 been now in three different hospitals and after  
12 the period of de-intoxication they sent him  
13 back to me saying they couldn't do anything else  
14 with him. He is now under medical surveillance,  
15 he has the legal possession of methedone, but this  
16 is not really controlled. What he does with it,  
17 I don't know. Maybe he sells it. But of course  
18 his behaviour is quite illogical since two days  
19 ago he almost killed himself because -- well,  
20 I found him in his bed unconscious, I gave him  
21 the artificial respiration and today he is under  
22 the oxygen tent. I have phoned a place in the  
23 United States where they might treat him, but  
24 the problem is that we should draw your attention  
25 on the fact that there is no psychiatrist who  
26 specialize in that field and it should be done,  
27 there should be psychiatrists specialized in  
28 drug addictions. I have met the officials of the  
29 Health Ministers. They are preoccupied with other  
30 problems of psychiatry, but they are not really





1 particularly interested in the problem of drug  
2 addiction. We are treating mentally retarded  
3 congenital malformations and so on, but as far  
4 as drug addiction is concerned, there is nothing  
5 really done about it, and it is quite urgent  
6 because 25% of our young people are using drugs.

7 MR. STEIN:

8 Could I ask you please  
9 whether or not you thought that it was appropriate  
10 that the R.C.M.P. sent your son back home rather  
11 than have him placed in a penal institution?  
12 Could you comment on that?

13 THE PUBLIC: I don't think it was  
14 the R.C.M.P., it was the local policeman of the  
15 Vancouver -- I have my English -- and he had his  
16 gun on him and he come to my home in the Maritimes  
17 and he grabbed my son -- at that time was seventeen  
18 years old, so at that time, we have our son, we  
19 can't give him any charge, we give him to you to  
20 take care of, but --- "

21 MR. STEIN: They could have charged  
22 him, but they didn't?

23 THE PUBLIC: There was no  
24 charge on him.

25 MR. STEIN: You mean they didn't  
26 have any ---

27 THE PUBLIC: They told me they  
28 had enough of those guys here in Vancouver, so ---

29 MR. STEIN: Is it correct -- I am  
30 a little sensitive about that, because that is my



1 home town, but is it correct to assume that the  
2 main point that you wish us to get from your  
3 personal experience of your son's abuse of drugs is  
4 that there needs to be many more medical facilities  
5 available; is this the major ---

6 THE PUBLIC: Yes, this is the main  
7 point. But the authority point of view is to  
8 ask -- to prepare some psychiatrists, some doctors  
9 in that field, and to ask for help for this  
10 little boy because they are not delinquent, they  
11 are sick people.

12 MR. STEIN: Are you in favour  
13 of the continuation of the legal sanctions of the  
14 law as it stands now?

15 THE PUBLIC: No sir, no. No, they  
16 should be treated as sick person.

17 MR. STEIN: All right. Thank  
18 you.

19 THE CHAIRMAN: Dr. Chouinard?

20 DR. CHOUINARD: I would have a  
21 question to ask to the Department of Pharmacology  
22 of Laval University. I might -- I wonder,  
23 with the actual medical language on marijuana,  
24 if it is not necessary for a psycho-pharmacologist  
25 team to say something about it. Is it possible  
26 to go on with the medical studies, deep medical  
27 studies, and comparative medical studies without  
28 abolishing the present laws in Canada, laws on  
29 cannabis marijuana?

30 DR. VILLENEUVE: I don't think

Subscription price, Five Dollars per Annum in Advance

Single Copies, Fifteen Cents

Entered as Second-Class Matter, May 2, 1902

Postage paid at Chicago, Ill.

Acceptance for mailing at special rate of postage provided for in Act of October 3, 1917

Authorizes sale at wholesale price of ten copies per subscriber

Copyright, 1918, by American Medical Association

Printed at the Chicago Press, Chicago, Ill.

Volume 17

Number 1

January 1, 1918

Published by the American Medical Association

535 North Dearborn Street, Chicago, Ill.

Telephone, 524-2100

Second-class postage paid at Chicago, Ill.

Postmaster: This publication is entered as second-class matter

under Act of October 3, 1917

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1 that at the present time the problem should be  
2 based on the abolishment of the law, but mainly  
3 on the problem of availability for the researchers.  
4 The researchers should have the drugs to go on  
5 with their effects.

6 THE PUBLIC: So you can't say  
7 at the present state of research that psycho-  
8 pharmacological study the -- that we should need  
9 cannabis?

10 DR. VILLENEUVE: Oh, I think the  
11 problem is not presented in its proper perspective.  
12 Now, if you take the clinical studies done on the  
13 drugs, we go on with psycho-pharmacological studies  
14 on other drugs for many years before they are  
15 commercialized, and sold legally to the public.  
16 These studies that you would like to see in the  
17 field of hallucinogenic drugs and particularly  
18 for marijuana is a problem of availability of  
19 these drugs for the researcher.

20 DR. CHOUINARD: Don't you think  
21 that in the medical literature, since 1934, there  
22 was no description, no definition of the  
23 psychosis due to marijuana, and ever since that  
24 time -- do you find some of these cases have  
25 a very significant importance, the medical study --  
26 of course there have been some psychotic states  
27 due to marijuana. Maybe some of them were noticed,  
28 but people did not come to be studied, or there  
29 are no psychosis due to marijuana. I would like  
30 to -- I could quote to you a report published by



1 the pathology department of one of the Los Angeles  
2 Universities in California. Three admissions  
3 out of ninety thousand admissions to hospital  
4 were due to intoxication from marijuana, and  
5 I think -- but this hospital is a very important  
6 one and there has been other cases of intoxication,  
7 but the people did not want to go to hospital  
8 for treatment because of the laws. And an  
9 article published in the famous American Medical  
10 Association Journal said that a person who goes  
11 to you for treatment, even though that person  
12 tells you that she has not taken marijuana, it  
13 is mainly because she doesn't want to be involved  
14 from the legal point of view. You only have to  
15 study the medical literature and study the  
16 genetic effects of drugs. You, say, for instance,  
17 do not use drugs during pregnancy because there  
18 are studies going on. Out of ninety ads  
19 about drugs, this is always mentioned, so it  
20 means that from the genetic point of view,  
21 according to Mr. Cohen's publication, the  
22 specialist in genetics and the effects of LSD,  
23 these drugs -- these are contradictory, because  
24 of the lack of study, so they can't reach  
25 definitive and definite and specific conclusions.  
26 It is a vicious cycle in fact. You will run  
27 and run. Ever since that time you have said  
28 yourself, we are still going back and we are  
29 still at the same level as we were in 1930.

30 DR. VILLENEUVE: I believe that





1 our points of view are quite similar, in fact maybe  
2 the words were not the same, the words we have used  
3 all afternoon. I think that those who have  
4 spoken about marijuana did not speak about the  
5 abolition of the law, but the suspension of  
6 sanctions while we wait for further studies, and  
7 the conclusions to these studies, where we lost  
8 ourselves, I think, was you were talking about the  
9 abolition of those laws and I was talking about the  
10 suspension of the law which would enable and  
11 facilitate research.

12 DR. CHOUINARD: The only thing I was  
13 wondering is there are some psycho-pharmacologists  
14 who have very different opinions. I am not  
15 one of them. But if I see the medical literature,  
16 I think that the people should give it more  
17 definite opinion.

18 DR. RADOUC D-THOMAS: To answer  
19 one of those questions, as I say, the present  
20 knowledge and the present state of study on drugs,  
21 is insufficient and the researchers have said so;  
22 the question has been discussed, and there is a  
23 tendency in some cases, and even in Canada, we  
24 have law -- bill which was submitted to the  
25 Senate to enable the researchers to be given  
26 the necessary substance to make the researches,  
27 and when I mention researcher, I mean those who  
28 have the technical knowledge to do researches.  
29 And at the present time we believe that the  
30 researchers should be legally able to



1 get the drugs for their study.

2 DR. VILLENEUVE: Could I  
3 make one comment that I was not able to do earlier,  
4 to make earlier, concerning the doctor who was  
5 talking about his son, and believe me, he has  
6 all my sympathy. From his comments, I believe  
7 we should retain five points.

8 First of all, this implies -- it  
9 implies, I believe -- but this is to generalize  
10 a little bit dangerously, if you say that.  
11 You can have correlation between the use of  
12 alcohol and the use of tobacco and say that one  
13 leads to the other and vice versa, or here again,  
14 you can say that we should forbid driving --  
15 driving cars to those under twenty-one, because  
16 there are too many of them who kill themselves  
17 driving cars. And the second point is that  
18 he showed quite obviously what we have not  
19 mentioned here in our study, and publicly,  
20 but what is mentioned in our brief, and this  
21 is the personality, the individual personality  
22 of the users.

23 The third point is that nothing  
24 tells us that in -- in that particular individual  
25 case the evolution wouldn't have been done in  
26 another type of drug addiction or another type  
27 of psychiatry and more serious trouble. And  
28 a third important -- very important point he has  
29 insisted upon, is that there is a very vague  
30 information on drugs which means that information





1 is very often offered in a very ambiguous way,  
2 so that people don't believe in it.

3 A fourth thing that he mentioned,  
4 and which is quite obvious, is the lack of  
5 specialists, of psychiatrists and doctors and  
6 trained in drug addiction and in hospitals.  
7 And the last thing on which he said clearly what  
8 he thought is that he thought the validity of the  
9 legal sanctions --- (portion untranslated).

10 THE CHAIRMAN: Now, I think I  
11 have to call on the others, and I think -- I  
12 thank you all very much for your very valid  
13 propositions. Excuse me. We still have eight or  
14 nine more people who have indicated a desire to  
15 make submissions, and we are prepared to stay  
16 here at least until six o'clock. We have probably  
17 underestimated the time required here in Montreal,  
18 but we will do our best to hear everyone. But  
19 perhaps we would appreciate it if those who  
20 remain on our schedule of submissions could  
21 be as economical as possible with their time.  
22 It is not fair to ask people right at the end of  
23 the day, and many of whom who have waited a long  
24 time, but we would appreciate it if you would  
25 help us to get through this list, and I am  
26 going to call now upon, and I will hear you in  
27 just a minute, I am going to call now upon  
28 Professor Paul Cornil, of the Department of  
29 Criminology of the University of Montreal.

30 THE PUBLIC: Actually this



1 gentleman is before me.

2 THE CHAIRMAN: Do you wish to speak?

3 THE PUBLIC: I wanted to direct a  
4 couple of questions to the people who were up  
5 here actually.

6 THE CHAIRMAN: Well, I am sorry,  
7 they are at the back now.

8 THE PUBLIC: Perhaps I could ask  
9 and maybe one of them could come to the microphone.

10 THE CHAIRMAN: Why don't you ask  
11 your question and we will see how they can handle  
12 it if they wish to answer it.

13 THE PUBLIC: First of all, it  
14 concerns the survey. I just want to clarify  
15 exactly the population of the survey -- is it  
16 my understanding that all of the students at Laval,  
17 day and maybe even evening, and if it included the  
18 evening students, that perhaps this helps explain  
19 some of the discrepancy, because I think other  
20 surveys have not included ---

21 THE CHAIRMAN: Did your study  
22 include, sir, night students as well?

23 DR. VILLENEUVE: No, this study  
24 was made on the province scale, and I think it  
25 is 36 colleges and universities, and is something  
26 was done at the -- every college in the English  
27 and French population, so it is not -- Laval  
28 University study, but it is a study made by  
29 Laval University in all English and French  
30 circles in the province.





1 THE CHAIRMAN: But does that  
2 include night students too?

3 DR. VILLENEUVE: No, it was only  
4 day students.

5 THE PUBLIC: Now, this may sound  
6 ridiculous, but was there any identification on  
7 these questionnaires, are there any name or code  
8 number? It would be my indication that probably  
9 it wasn't, but if there was, of course, this  
10 would have an influence. Now, there is --  
11 DR. VILLENEUVE:  
I can probably answer it now ---

12 THE CHAIRMAN: Would you like the  
13 answer?

14 THE PUBLIC: Yes. There is one  
15 other thing too. Perhaps I could mention it at  
16 the same time. I will just mention this other  
17 thing.

18 Now, I am trying to further  
19 get at this 10% discrepancy. Maybe it has to do  
20 with the fact that Quebec City is a little isolated  
21 from the rest of the University communities,  
22 and hence like Laval students, would be maybe less  
23 exposed ---

24 THE CHAIRMAN: Are you referring to  
25 the capital city it is from?

26 MRS. RADOUCE-THOMAS: Those  
27 who answered in 1968, there were for Quebec City  
28 area, an average -- Quebec Province 10%, but  
29 Quebec City area, 7% only, and Montreal City  
30 14%.



1 THE PUBLIC: Thank you very much.

2 MR. CORNIL: I am teacher of  
3 criminal law in Belgium, and of course I am concerned  
4 with criminality and handling of delinquent, and  
5 I am guest speaker at the Criminology Department of  
6 the University of Montreal now, and I will explain  
7 this, because I have been asked to witness --  
8 I am not really an expert in that matter. My  
9 specialty is more -- of course, has certain points  
10 with the problems, but is not really a grasp of the  
11 whole problem, but only of part of it. I would  
12 like to tell you why the problem is so interesting  
13 for me.

14 First, because of -- I was brutally  
15 connected to experience in a visit to Hong Kong  
16 prison, that I made in 1962, and it impressed me  
17 and I was -- I am still impressed by it. This  
18 situation was really -- the only -- the second  
19 motivation for my interest to this problem is  
20 that it seems to be really very concerning in  
21 certain European countries for a few years.  
22 We will see users of drugs who were unknown until  
23 now and I will come back to them later on, and  
24 then another very special aspect which is very  
25 important in the modern society in very many  
26 countries, it is the experience of the way of  
27 driving an automobile and the -- the impression  
28 that you have used the drug, and this I am going  
29 to -- from these I am going to level up very  
30 general ideas and I am sorry I can't be put





1 into the context of the law of Canada which I don't  
2 know very well, but I have to remain in the  
3 sector I know very well.

4 In Europe, and of course it is  
5 very difficult to speak on general -- on very  
6 specific and certain countries, but most  
7 specifically in Belgium we can see various  
8 phenomena for a few years. The first is that  
9 we -- we can see that a certain number of students  
10 come to their exams in a state which is utterly  
11 abnormal because they have been absorbing drugs  
12 and very often this doesn't result -- because  
13 sometimes they wait longer than they expected  
14 to be interrogated and they are often in a state  
15 of incapacity to answer to any of our questions.  
16 Of course this I couldn't tell, but the magnitude  
17 and the importance of that phenomena, but it  
18 is not to be neglected however.

19 Another aspect that we have seen  
20 in the United Kingdom mainly, but much less on the  
21 continent, is the appearance of a kind of youth  
22 which by his clothing and attitude and aspect  
23 is -- seems to have a conception applied very  
24 different from the one that we had in our time  
25 and which could be explained by absorption of  
26 certain drugs, and of course we have been  
27 pre-occupied and we ask ourselves what was to do  
28 in that respect. More recently we can see  
29 in Belgium, or Pakistan to the appearance of  
30 more serious cases of mass importation -- mass



1 import of drugs, an important quantity of which  
2 are saved by the police and up to a point that  
3 last autumn a bill was prepared in Belgium to  
4 react against that phenomum which is very serious  
5 and concerning. On the other hand we know,  
6 and everybody knows it here too, a big part --  
7 a big fraction of the population uses medically  
8 or non-medically substances which are in a sort of  
9 way drugs. Where are we going in that line?  
10 What is going to happen? And here we can ask  
11 ourselves, if we don't have to react now, and  
12 before the problem is really too serious to be  
13 tackled which means, do we have to intervene  
14 in that situation to correct that situation,  
15 and the first mien, the criminal law and in which --  
16 to what extent should the criminal law intervene  
17 in the two -- react against that problem.  
18 And then we can ask ourselves, which is the role  
19 of the criminal law. Is the criminal law here  
20 to dictate to us the line of conduct, or does it  
21 have a different role. Some consider that the  
22 criminal law is here to enforce moral, and  
23 I think that in that -- that implication is  
24 largely overwhelmed, and another conception  
25 of it, explained in Britain, and which declared  
26 that the criminal law is only here to protect  
27 public security and also they witness people  
28 against certain formula of correction and from  
29 being exploited to. And if I take that definition  
30 I could only take one which is from a document





1 that everybody knows, which is the Federal  
2 Commission, which has just analysed the situation  
3 of the criminal law, which is the Ouimet Commission  
4 which say that the fundamental goal of the criminal  
5 law is to protect every section of the activity  
6 including the delinquent himself. And although  
7 the Prevost Commission from Quebec didn't give  
8 the same specific definition, the atmosphere and  
9 the desire to respect the right of human beings,  
10 we could imply that it could give a similar  
11 definition. At that time what are we going to  
12 do? I would like to take -- to compare and this  
13 consideration should be taken literally, but  
14 there is another social problem which was for  
15 a long time very preoccupied which is the one  
16 of the prostitution, and in my country notably,  
17 we have arrived to the conclusion that criminal  
18 law had nothing to do with that problem. It  
19 could deal with it indirectly to avoid exploitation  
20 of the so-called prostitute but we have come to the  
21 conclusion in our country that the person which  
22 is a prostitute is only illegally -- in an  
23 illegal situation only if she ask on the public  
24 road, but the criminal law should go to --  
25 should deal with the people who live from the  
26 prostitution but the behaviour of the prostitute  
27 herself has nothing to do with the criminal  
28 law, and I think as far as the problem here  
29 we can concede an attitude which could be somewhat  
30 similar. Who is to be concerned by the criminal



1 law and these are the peddlars and the distributors  
2 and the pushers, who take profit, benefit off the  
3 weaknesses of them and then lead them on a very  
4 dangerous path, and then we have the question  
5 how to react and what intervention to put in and  
6 then I would like to relate my experience in  
7 Hong Kong. Who are in the Hong Kong prisons  
8 before anything else is an impressing number of  
9 drug users who are at the same time pushers,  
10 that means distributors, and second hand, to be  
11 able to have to get drugs for themselves and  
12 on a paradoxical point of view are arrested and  
13 convicted for serious -- seriously, but at the  
14 same time they are being taken care of and  
15 cured and these people who seem to be just reject  
16 of the society come out of those jails completely  
17 cured and on the medical point of view and  
18 the effects of the drug act as a generalist  
19 and not as a specialist, so I will not go any  
20 further on that field, but I think the attitude  
21 to take out, particularly which is rather  
22 intimidating between the user and the peddler  
23 is -- the pusher is a peddler but of necessity  
24 because he is dependent on the drug and in this  
25 case a very delicate problem. Which products  
26 are to be considered as dangerous? I will be  
27 here too very brief and very general.

28 I think this is a question to be  
29 dealt with by doctors and specialists, but  
30 I would like a definition in generally those terms.





1 I think dangerous products are those who create  
2 very dangerous -- very dangerous effects on the  
3 moral and physical and psychological of the  
4 nature of the individual and those also who  
5 are habit-forming up to the point that rehabilitation  
6 and curing of those people will be very difficult  
7 and very painful for them.

8 Then I think this could be a  
9 definition of the danger and I am also outside  
10 my specialty when I say that if the criminal  
11 law has no intervention then what are we going  
12 to do. The Commission in the events will  
13 state as recommended the de-escalation in the  
14 criminal aspect, but then we have anew the  
15 question, the same question on the treatment  
16 phase. Is the treatment compulsory? Then we  
17 have another word, it is then compulsory  
18 treatment and then it is different only from the  
19 criminal law only by the method applied and  
20 then we could get our inspiration from another  
21 problem and that has been the problem of the  
22 mental illnesses and we could then have this  
23 situation but there is an increasing number of  
24 mental illnesses and sick and the one who is not  
25 dangerous does what he wants, but if the individual  
26 was mental and constitute danger for others,  
27 he is then submitted to compulsory treatment.  
28 I think that in our problem we should go towards  
29 the same point of view and have an intervention  
30 only when it is necessary and have compulsory



1 intervention only if the drug addict can be  
2 dangerous to others.

3 Another word to my brief is  
4 that I mention as driving and the influence of  
5 drug, and this is of course quite a serious  
6 danger if we think of the fraction of the population  
7 who is regularly using products of that kind  
8 and at the same time driving on everybody's road.  
9 We have tried even to introduce a law against  
10 alcoholism, driving in a state of alcoholism,  
11 laws that will deal with the same kind of  
12 situation for drugs, but this has no practical  
13 result of course, because it is very difficult  
14 when we have an accident or when the driver is  
15 under arrest, it is very difficult to realize  
16 whether the driver is -- had absorbed drugs  
17 before or not, but I think that then this is  
18 to the doctors and to the chemists and to  
19 the manufacturers of drugs, that they have to take  
20 the necessary steps to have the driver very aware  
21 of the danger of the drug he is taking.

22 I think that in a few weeks I would  
23 be able to go back to my country and having  
24 brought in my knowledge of the problem which is  
25 a major problem in our civilization, and I believe  
26 as it has been stated several times, -- many times  
27 this afternoon, that we have to agree on the  
28 definition of the classification of different  
29 products and we have in mind to concentrate the  
30 criminal action on peddlars and pushers and all





1 dealers in drugs, that on the rest medical  
2 and pharmaceutical and the possibility of  
3 treatment willingly proposed to users, who wants  
4 to get out of the dependence which is not easy  
5 to get out of, and last of all, the compulsory  
6 treatment of people who are a danger to themselves  
7 and others.

8 THE CHAIRMAN: Thank you, Professor.

9 PROFESSOR BERTRAND: Mr.  
10 Cornil, I would like to ask two questions. You  
11 have mentioned the psychotropic drugs that could  
12 affect the behaviour of persons while they are  
13 driving their cars. Could you give us some  
14 examples of drugs that you would consider, since  
15 you are a specialist on the criminality and the  
16 road, of drugs that could be dangerous in that  
17 matter?

18 PROFESSOR CORNIL: I would  
19 repeat that on the technical or pharmaceutical  
20 and chemical nature of these drugs, I am not  
21 an expert, and I won't say anything because I  
22 am afraid of saying erroneous things, but I  
23 could give you an example, a practical example  
24 of a thing that happened a few months ago in  
25 my own country: the fact is that a man has gone  
26 to a dentist and in order to be operated on by the  
27 dentist, had received a drug. He went out and  
28 drove his car and had an accident and it is  
29 obvious that this accident had been caused by  
30 a semi-consciousness in which he found himself.



1                   This is one of the things that  
2 makes me feel it is very important to take into  
3 consideration in my country and probably in yours,  
4 the proportion of people taking that kind of  
5 medicine is very high and the risk of having an  
6 accident is that high.

7                   PROFESSOR BERTRAND: The other  
8 question that I would like to ask you is mainly  
9 an explanation of what you said.     You said  
10 that there are in fact two ways of taking hold  
11 of the person using drugs, but the persons  
12 that would be of a dangerous form in the society,  
13 the first was the prison law, that is, and the  
14 second was compulsory treatment.     Did I  
15 understand you correctly, do you mean that you  
16 favour neither the compulsory treatment nor the  
17 criminal sanction for addiction problems?

18                  PROFESSOR CORNIL: With all due  
19 precaution, I would say that personally speaking  
20 after a study that I have done on that subject,  
21 I think we should limit the criminal sanctions  
22 to the profiteers, that is those who live on the  
23 sales of drugs, while not using it themselves.  
24 Of course there is the problem of the one that  
25 uses and sells drugs at the same time, but  
26 generally speaking the criminal law should  
27 refrain itself to the abuse of -- the victims of  
28 the drug -- the person sells the drug and does not  
29 use it himself should be punished.     The other  
30 one who uses the drug might be a danger for himself





1 and others, should be treated. This is the same  
2 case as a mentally retarded or a mental patient,  
3 if they are dangerous to themselves and society  
4 they have to be treated.

5 THE CHAIRMAN: Yes?

6 THE PUBLIC: Most of  
7 yesterday's and today's evidence, it seems that  
8 most of the papers believe that the sanction  
9 should be either abolished totally or at least  
10 diminished. I know that the Commission has to  
11 go on with its mandate, but in order to help the  
12 people who are now facing trial, as information --  
13 I would like the Commission, for information  
14 purposes, through the newspapers, say to the  
15 public --

16 THE CHAIRMAN: Tell what to the  
17 public?

18 THE PUBLIC: Of its decisions  
19 and the things that are now being, that will be  
20 taken.

21 THE CHAIRMAN: It is impossible  
22 for the Commission to talk about the decisions --  
23 those decisions have not been taken yet, and  
24 the Commission has the mandate, has to make a  
25 preliminary report in six months, and a final  
26 report within two years. The Commission has  
27 been asked to send reports every six months.  
28 The Commission cannot do anything else without  
29 giving its report. The Commission has not  
30 yet decided, has not reached conclusions yet, which



1 does not mean - - -

2 PROFESSOR BERTRAND: Which does not  
3 mean the opinion of experts as citizens are not  
4 reported in the papers.

5 THE CHAIRMAN: Thank you.  
6 Dr. Mockle?

7 DR. MOCKLE: Thank you very much.  
8 I am coming here today with another hat on, since  
9 I have been mandated by the Department of  
10 Pharmacology of Montreal, to give you our feelings  
11 on the problem of drug use. I was to be  
12 accompanied by Dr. Marchand. Unfortunately  
13 he has to stay home because of illness. So you  
14 see even doctors are sometimes ill. So I  
15 would like to be quite brief since we don't have  
16 much time. I will limit myself to the point  
17 of greater importance to the University professor  
18 that is teaching and research.

19 As far as the teaching education  
20 of this aspect is concerned, it should be  
21 considered in a global or whole perspective.  
22 We should consider what is done before University  
23 or at University or prior to University. As  
24 far as the pre aspect to the University is,  
25 it is as far as this should be, an information  
26 that should be given to the students on various  
27 things and we believe that this agrees of course  
28 with what other speakers have said before,  
29 we believe that the students should be given  
30 information on drugs as soon as possible, which





1 means either at a high school level or college  
2 level. This is said to be determined that that  
3 information should be part of the curriculum of  
4 the school. This information, as was said  
5 earlier by the Pharmacology Department representatives  
6 of the University of Montreal, this information  
7 should be completely objective, giving the facts  
8 and only the facts. This should be done through  
9 a multi-disciplinary team, meaning persons who  
10 are aware of the actions of drugs on the  
11 organism by psychologists by sociologists, and  
12 also by legislators in order to explain to the  
13 young people the legal consequences of the use  
14 of illegal drugs. Earlier it was said that the  
15 young people were not aware of the legal  
16 consequences, the use of illegal drugs. So  
17 briefly, it seems then, Mr. Chairman, that we have  
18 to act as a prevention organization, so as to  
19 prevent catastrophes.

20 As far as the University level  
21 is concerned, this is information that should be  
22 given to the public in general. It could be done  
23 through governmental organizations or university  
24 organizations such as classes within the  
25 continuing education classes, Department of  
26 Extension of Universities, and although it is  
27 done at some universities. For our part we  
28 would like to have some -- some people have asked  
29 me to ask my department to prepare classes for  
30 the general public in order to get the necessary



1 information of the use of drugs. I believe  
2 then that the universities should have the role  
3 of informing the adult population on the problem  
4 of drugs, in the same spirit of course as it is  
5 done at the pre-university level. At the  
6 university level it is obvious that as far as  
7 we are concerned, we in the Department of Pharmacology  
8 at the University of Montreal, we have to  
9 train the future doctors and dentists since  
10 we teach only the students in dental surgery  
11 and medicine. We should revise our teaching  
12 in these subjects, adding to what is already  
13 done, some knowledge of the psycho-social  
14 aspect of the use of drugs for the treatment of  
15 diseases. We believe it is important to  
16 insist in the future, and right now, that the  
17 future doctors have a better control of the  
18 drugs. They prescribe and distribute,  
19 taking into account the individuality of each  
20 patient, taking into account the drugs themselves,  
21 especially the drugs that could have consequences,  
22 especially when you use various drugs at the  
23 same time. We know perfectly well today  
24 that aspirin, for instance, can modify the  
25 coagulation of blood while used in conjunction with  
26 other drugs helping this coagulation of blood.  
27 This we didn't know a few years ago, but we know it  
28 now. The same problem can happen with other  
29 drugs and we know very well that the patient  
30 will probably use various drugs at the same time





1 and we should insist on that problem at the level  
2 of the university. As far as the problems  
3 related to drugs leading to addiction are concerned,  
4 I believe that in the past years the education  
5 was lacking. We realize this because of the  
6 information that is asked of us, from doctors.  
7 Doctors write in to ask us how to treat a person  
8 under the influence of drugs, what are the  
9 physical reactions and so on, and so we are  
10 now becoming aware that in the past there has  
11 been a lack in our educational system on that  
12 point, and in the future we should insist on  
13 these phenomenon that are the result of the  
14 prescription or administration of drugs  
15 leading to addiction. As university professor,  
16 we should also be interested in the treatment  
17 centres. Other persons have deplored the fact  
18 that there are no -- there are not enough such  
19 centres at the present time and we should work  
20 on that problem in order to have a whole series  
21 of treatment centres in Canada.

22 There would be many other things  
23 to say. I would like to summarize this by  
24 saying that at the level of education we should  
25 try and train doctors who are at the same time  
26 teachers and doctors who would<sup>not</sup>/abuse the  
27 prescription of drugs -- of their right to  
28 prescribe drugs, and another thing which is  
29 very important in the problem, concerning the  
30 hallucinogenics, I quite agree with those who



1 have said before me that there is a lot of things  
2 that do -- there are no studies, not enough  
3 studies made on that subject. I was quite  
4 fascinated to hear the comments of some people  
5 talking about the lack of research on marijuana,  
6 in fact, the conclusions of the LaGuardia Committee  
7 published in 1944 were mentioned. The President's  
8 Commission on Law Enforcement on the Administration  
9 of Justice in the United States in 1967 said  
10 in its report -- in its task force report on  
11 drug abuse and I quote: "-- seems to be  
12 attempted. Basic research has been almost  
13 non-existent. We realize that there are not  
14 too many -- there are very few researches done  
15 that is collaborated in Kentucky. Some in Boston  
16 were tried without any avail. The work of  
17 (Glencurr) in Boston concerning the various  
18 other systems and there -- those have been  
19 experiments on prisoners and in most cases on  
20 drug addicts, so it is very difficult to find  
21 some conclusions out of these studies because  
22 of those experiments were not controlled by  
23 using healthy subjects, and subjects who have  
24 not used drugs before." This is mainly to  
25 tell you, Mr. Chairman, that some research should  
26 be done on that problem, not only on the problem  
27 of marijuana, but also on the problem of  
28 hallucinogenics. These -- this research should  
29 be of various types and nature. They should  
30 be --there should be some pharmacological studies

have all before me.

that is the first time.

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of marijuana, but also on the problem of

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be of various types and nature. They should

there should be some pharmacological studies



1 on the animal and the human being. Both are  
2 important and should be done in a parallel way,  
3 but also a study of psychological effects.  
4 This should not be forgotten. It is all  
5 very well to have research on the pharmacological  
6 point of view, but also on the psychological  
7 point of view, even if we at the Pharmacological  
8 Department are not mandated to do so, we  
9 believe that it is very important to have  
10 psychological research done. As far as to  
11 determine the possible reasons for consumption  
12 of drugs and the possible consequences on the  
13 society. It might be that important for  
14 your Commission to recommend, for instance, that  
15 at the level of the Medical Research Council  
16 of Ottawa some groups of researchers be trained,  
17 some multi-disciplinary team of researchers be  
18 trained to study that problem of drugs.

19 So, Mr. Chairman, these are  
20 the comments that I have to -- and I have  
21 submitted to you as a representative of the  
22 Department of Pharmacology of the University of  
23 Montreal.

24 THE PUBLIC: No, I have no  
25 questions to ask. I have questions to make  
26 and I think there should be two different laws,  
27 one for natural products and one for synthetic  
28 or synthetized products.

29 THE CHAIRMAN: Mr. Frank Ogen?  
30 Mr. Frank Ogen, formerly psychotherapist with



1 the Hollywood Hospital in New Westminster, British  
2 Columbia.

3 MR. OGDEN For six years prior  
4 to February of this year, I was resident  
5 therapist at the Hollywood Psychiatric Hospital  
6 in New Westminster, British Columbia, and a  
7 great percentage of my work there dealt with  
8 working with LSD and psilocybin and mescaline  
9 in a medical environment. I was one of a  
10 four-man team, a medical team, a medical director,  
11 Staff psychiatrist, a sociologist and myself.  
12 I am not an M.D. or a psychologist, I am  
13 a generalist and it was the opinion of the  
14 medical director that there should be someone  
15 on the team who would perhaps be more open and  
16 more imaginative and could observe things that  
17 were going on, that the others with their  
18 highly specialized narrow academic knowledge  
19 may not notice. I spent nine thousand hours  
20 with patients and subjects undergoing psychedelic  
21 experience. I underwent two large sessions  
22 myself. I might point out we used quite large  
23 dosages ranging from two hundred to two thousand  
24 micrograms of LSD, in most cases simultaneously  
25 with two hundred to two thousand millograms of  
26 mescaline. Our sessions averaged fifteen  
27 hours each. The odd one, as in my case, learning  
28 how to control what we were doing, would be  
29 extended to 27 hours. It is my opinion that  
30 perhaps a larger percentage of the scientific





1 community should look to what is good in the  
2 psychedelic chemicals rather than looking to what  
3 is bad and hysterically exaggerating many of  
4 the minor defects that usually have occurred  
5 due to incompetence on the their part. The  
6 hospital did 1,050 cases of which I was  
7 intimately involved in 650. We did not have  
8 one incident that we would call an untoward  
9 incident. We did have some that had they  
10 happened in our first few cases could have been  
11 a little alarming and disturbing to us, but  
12 as we learned more about these chemicals and  
13 how they -- people reacted to them, we felt  
14 that we could handle them quite adequately.

15 In the patients we had, 40%  
16 of the first 4100 had previously attempted suicide.  
17 We did not have any problems with them afterwards.  
18 In a large percentage of the patients that were  
19 alcoholics, and these were real drinkers, \$2.00 a  
20 day boys, 25% of them never had another drink  
21 after one session, and that was with mean  
22 follow-up/<sup>periods</sup> of 55 months. This is all  
23 published in a medical text published by Babs  
24 Merril in New York, of which I am one of the  
25 55 co-authors.

26 This book, also a brief from  
27 our hospital has been presented to the Honourable  
28 John Munro, some months previously. It is  
29 my opinion that many of the young people who  
30 wish to experiment with the psychedelic chemicals



1 should have centres available for them across  
2 the country, where they can undergo this  
3 experience under a medical superintendent, but  
4 certainly not in a clinical hospital atmosphere.  
5 Our atmosphere and environment that we gave it  
6 in was a lot more relaxed apartment setting,  
7 and we found, unlike other chemicals, it is the  
8 set and setting that is as important as the  
9 chemical in these cases. And the dosage, every  
10 other drug pretty well in the medical omnium gatherum  
11 is given based on the kilograms of body weight.  
12 We found that with our psychedelic chemicals  
13 that has nothing to do with it, that our medical  
14 director selected the dosage on what we called our  
15 psychic defence mechanism, how rigid they were to  
16 change, how susceptible to neophobia and so  
17 we certainly over a period of ten years at  
18 the hospital, we found psychedelic chemicals  
19 properly used, and I would point out that I am  
20 talking about the pharmaceutically pure material  
21 which we got from Sandoz. in Bassels, Switzerland  
22 could be highly beneficial in many cases.  
23 We also probably were the only institution in  
24 the world that was using it on so-called normals  
25 for experimenting with expanding creativity  
26 and with more awareness. And I have led a very  
27 full and interesting and adventurous life  
28 and I can say that my psychedelic experiences  
29 certainly were most rewarding, and  
30 personally beneficial to me, and certainly far





1 better than a university education.

2 THE CHAIRMAN: Dr. Unwin?

3 s far  
4 as marijuana goes, I think that it has already  
5 been illegally legalized because the police are  
6 only apprehending roughly 1% of the population,  
7 so it is already legal with 99% of the population,  
8 so you know, if it gets to 1% I automatically  
9 consider that it is legal.

10 I think that I would recommend  
11 and I am supported in this by Dr. Abraham Hopper  
12 who was the former director of psychiatric research  
13 for the Province of Saskatchewan and he has come  
14 out publicly with this recommendation also, that  
15 these centres be set up across the country  
16 where true psychedelic experience can be  
17 administered and experienced by the young people  
18 that want to do it, rather than taking the home-made  
19 and highly, in some cases, dangerous material  
20 that is on the street. I was able to see  
21 many of the police and chemical analyses on the  
22 West Coast and at no time did we ever find any  
23 analysis that was reported to be LSD where it  
24 was the pure LSD. It was usually a form of  
25 lysergic acid with other/alkaloid forms of impurities in  
26 there and it was my contention that it was the  
27 impurities and other alka/loid in there that are  
28 causing the trouble we are experiencing with the  
29 young people today.

30 It is also my opinion that under



1 legal regulations that what many people are being  
2 prosecuted for, for possessing LSD, it isn't LSD,  
3 and I think there is a legal definition that a  
4 test case should be made and I think it should be  
5 up to the <sup>Commission</sup> / to instigate such a test case  
6 and have it brought before the Courts. Yes.

7 THE CHAIRMAN: Dr. Unwin?

8 MR. UNWIN: Thank you. Mr. Chairman,  
9 I have just a couple of questions. I am interested  
10 in your viewpoint and wonder if you could clarify  
11 these for me. I agree/there has been a good  
12 deal of nonsense felt by so-called  
13 experts about quite a number of these  
14 drugs, and a certain amount of hysteria which has  
15 almost at times reached that which Timothy Leary  
16 started off when he got this/psychedelic thing  
17 going.

18 Could you just answer these three  
19 questions, please: first, in terms -- you said  
20 you used quite large doses of pure LSD. One, in view  
21 of the fact that we had one of the world experts  
22 here today we found out that the matter of  
23 the risk of chromosome damage is still not  
24 resolved, do you feel happy about using LSD in  
25 research on humans -- could I just finish the  
26 question, please? Secondly have you followed  
27 your patients up to see whether/ <sup>they had</sup> flashbacks of  
28 any kind over the next one to three years. And  
29 thirdly, are you aware of several books and  
30 articles now published where for the first time





1 double blind studies were done to show that LSD  
2 has no advantage over other techniques for the  
3 treatment of alcoholism, neurosis and so on?  
4 Just those three questions.

5 MR. OGDEN: Yes. On the first  
6 point I questioned many of the reports of  
7 chromosome damage. We of course were pretty ---

8 DR. UNWIN: The question, sir,  
9 you confident there is no chromosome damage?

10 MR. OGDEN: Yes sir, I am.

11 DR. UNWIN: You have checked <sup>with</sup> this?

12 MR. OGDEN: We have conducted  
13 several experiments in our own hospital and in some  
14 cases we had less chromosome breakage after  
15 ingestion of LSD than prior to it.

16 THE CHAIRMAN: There were two  
17 other questions.

18 DR. UNWIN: Are you aware of the  
19 published reports of -- which seems to be out of  
20 your studies, that refers to double blind control  
21 studies used on the LSD for the treatment of  
22 alcoholism and for the treatment of neurosis  
23 showed no advantage of this drug over other  
24 techniques.

25 MR. OGDEN: Yes, I am aware of  
26 those studies. I am also aware of about twelve  
27 hundred others published in the medical journals  
28 of which the list is available from Sandoz Ltd.  
29 of the high percentage --

30 DR. UNWIN: Double blind studies?



I experienced it twice myself,  
I was extremely tired and in both instances, I  
had been up all night, and it would appear to be  
triggered by an auditory sound. At one time  
I was in the hospital in the / resident suite the other time  
I was at the medical / director's house and suddenly a door  
banged or something, and instantaneously, / I was back in this





1 experience. It was a spontaneous occurrence.  
2 but it was the briefest part of a second.

3 DR. UNWIN: Excuse me, Doctor,  
4 could you please tell me about the follow-ups of  
5 your patients?

6 MR. OGDEN: Yes, this was a  
7 spontaneous, it was very short, it was a second,  
8 or a fraction of a second in that they knew it  
9 wasn't a dream, it was a re-living of an experience  
10 -- it was certainly a psychedelic experience; it  
11 was not anything that they had experienced  
12 previously.

13 THE CHAIRMAN: Yes.

14 THE PUBLIC: Mr. Chairman, I am  
15 dealing with young people who use drugs,  
16 a psychiatrist, but I would like your experience on  
17 how to treat these flashbacks. In my  
18 experience, people often complain about them  
19 for years after, cannot concentrate, can't seem to  
20 function <sup>in any capacity</sup> if they have these. I have found no  
21 effective way of treating them. Can you tell me  
22 how you treat them?

23 MR. OGDEN: As I say there was  
24 of which I was one.  
25 five, the other four only occurred on the one  
26 occurrence and <sup>they</sup> did not have any further trouble up  
27 to 55 months follow-up. Again I would point  
28 out this is the pharmaceutical material we  
29 have used. It is the pure <sup>Sandoz</sup> material and these  
30 patients and subjects were given a two-day  
instruction and teaching of what could possibly



1     happen.     They were given full physical  
2     examinations, they were examined by the  
3     psychiatrist, they were given a full battery of  
4     psychological tests and we explained to them what  
5     could happen.     They had written an autobiography  
6     We knew exactly or very much about their whole  
7     background and one of the things we do during this  
8     treatment, we don't just come in off the street  
9     and take it, and gaze at a candle or something.  
10    We covered their eyes with the Hollywood-type  
11    of beauty mask so that all the power of these  
12    chemicals was turned inward and it was really  
13    a more of/do-it-yourself psychotherapy  
14    because we felt that the sub-conscious  
15    was a far more capable unit than the conscious mind  
16    in solving a person's problem.

17                   THE PUBLIC: I don't think you  
18    have really answered my question.    Have you seen  
19    people having flashbacks and how have you treated  
20    those?

21                   MR. OGDEN:     We had not that  
22    many really coming from/ <sup>the hospital</sup> but it is /<sup>with</sup> street acid  
23    that we <sup>are having</sup> recurring flashbacks and the medical  
24    director would prescribe fairly large doses  
25    of chlorpromazine for the immediate reaction,  
26    but once they found we had undergone the experience  
27    ourselves, they felt there was more of a rapport  
28    and they could talk to us, and that in itself  
29    was the greatest therapy.

30                   MR. BOWLBY:    Mr. Chairman, I think





1 I should set the record straight, in your presence,  
2 the fact that the person might be charged, and  
3 not actually dealing with the drug. I think it  
4 should be pointed out that under the Narcotic  
5 Control Act, a person can be charged and convicted of  
6 trafficking even though he does not deal with  
7 LSD, if he represents it to be LSD. And in regards  
8 to a charge of possession, the Crown must file  
9 a certificate stating that the drug found on the  
10 person's possession was a drug which was  
11 prohibited by the Narcotic Control Act.

12 MR. OGDEN: I won't take up any  
13 more time unless there are some more questions.

14 MR. STEIN: Just one. What is  
15 the present situation in the Hollywood Hospital  
16 as regards to this kind of treatment? Is  
17 there still treatment of this sort going on?

18 MR. OGDEN: Well up until -- I  
19 left in February and up until just two months ago,  
20 we were licenced also by the Government of  
21 British Columbia, the Department of Health,  
22 and I have not been out there for two months, you  
23 know, when the Federal legislation went in,  
24 I am not aware of what happened then.

25 THE CHAIRMAN: Thank you, Mr.  
26 Ogden.

27 THE PUBLIC: Well if users of  
28 drugs per se -- you say that you used a mask  
29 so that the drug would turn inwards. Did you do  
30 this for mescaline as well?



1 MR. OGIN: Yes. That was the  
2 standard procedure at that hospital, for everyone  
3 undergoing the experience for roughly the first  
4 six hours. Now many people would rip it off,  
5 because they would run into very frightening  
6 confrontations. However we would explain to  
7 them that this is part of facing yourself and  
8 we would suggest that they put the mask back on,  
9 although <sup>no</sup>/force was never used to do this, and  
10 some people just couldn't put it back on,  
11 and they would go through the whole experience  
12 and with those people we found it dragged on  
13 over a longer period of time than with those  
14 people who would use the mask.

15 THE PUBLIC: Yes, I am aware  
16 that all the problems and the danger, but don't  
17 you think that mescaline is an outside drug  
18 with trees and leaves and tulips.

19 MR. OGIN: What we would do, we  
20 get a lot of cases with LSD, a lot with mescaline,  
21 a lot with both, and what we would do, depending  
22 on the person, after six hours we would then  
23 provide, where we thought appropriate, flowers  
24 or fruit or whatever we felt that they would  
25 like, or that they had requested earlier and many  
26 of them brought pictures of friends or their loved  
27 ones, whatever they felt was necessary. And what  
28 we tried to do was keep them away from a  
29 sterile clinical involvement and try to just have it  
30 between humans. That is why the medical director





1 wanted someone like me, that was just a people  
2 instead of some guy up on a pedestal with a PhD.

3 THE PUBLIC: How many sessions  
4 did each person have?

5 MR. OGDEN: 85% of all patients  
6 had just one session.

7 THE PUBLIC: Had they had them  
8 before on their own?

9 MR. OGDEN: Negative -- or some had,  
10 but very few. For instance, we had quite a  
11 few scientists connected with space programs,  
12 we did engineers, writers, architects, city planners.  
13 Abraham Hopper was one of our -- one we worked with  
14 occasionally and Humphrey Osmond who coined the  
15 word psychedelic, was one of our consultants at the  
16 hospital.

17 THE PUBLIC: Thank you.

18 I think you enjoy too -- the  
19 happiest people I know have had more than two  
20 hundred trips and they really are the happiest  
21 people I know.

22 THE CHAIRMAN: I would like to call  
23 now on Dr. Pierre LaLonde -- just a minute, please,  
24 I am going to hear you, just let me introduce  
25 Dr. LaLonde.

26 Dr. Pierre LaLonde, president  
27 of the Association of Residents of psychiatry of the  
28 /Montreal. If you would like to be seated now.

29 THE PUBLIC: I am sorry to  
30 interrupt you, but this pertains to Mr. Ogden.



1 Something we got into earlier, when Mr. Burger  
2 was speaking, was rehabilitation of young men  
3 who were imprisoned for drug offences or for other  
4 reasons. Now this does relate to Mr. Ogden because  
5 I also believe he is co-chairman of the International  
6 Synetics Foundation which I think is stationed  
7 mainly on the West Coast. It is a  
8 multi-disciplinary team of people who have received  
9 quite a bit of publicity in Maclean's Magazine  
10 also in the magazine put out by the Canadian  
11 Chamber of Commerce. Also I believe Mr. Ogden  
12 has spent a whole day with the Prime Minister.

13 Now they came up with an idea  
14 pertaining to the rehabilitation of these young men.  
15 It was mentioned earlier by Mr. Burger that  
16 he felt they should be taken out of the regular  
17 prison environment and put into another environment  
18 and the International / <sup>Synetics</sup> Foundation thought that  
19 also and conceived an environment for young  
20 prisoners, and I am wondering if you could just  
21 take a minute and just describe this environment  
22 and how successful it has been?

23 MR. OGDEN: First of all, you  
24 are wrong about the Prime Minister. We have  
25 submitted several suggestions to him and proposals  
26 from the International Synetics Foundation but  
27 I did not spend a day with him -- I can't ski  
28 that well. As regards <sup>to</sup> the rehabilitation, we  
29 suggested a proposal to the Vancouver City Council,  
30 which was unanimously adopted by the Council,





1 it was the first thing they agreed on that year,  
2 and it was sent to the Attorney-General in Victoria,  
3 but they have taken no action on it. Our  
4 recommendation was that the first time drug offenders  
5 be taken out of their prison incarceration which  
6 we thought was extremely harmful and kept in  
7 a country environment and the one we selected was  
8 an abandoned luxury hotel, called the Wigwam Inn  
9 that was up at Indian Sound near Vancouver,  
10 which was empty and available at that time.  
11 The Provincial Government didn't take any  
12 action.

13 MR. STEIN: They did take a  
14 place  
15 step and / most of the offenders for drug  
16 convictions in a forestry camp outside (Hainey).

17 DR. MILLER: Your solution was  
18 directed towards the problem of what to do  
19 who are already incarcerated, and will  
20 was the appropriateness of the law with respect  
21 to marijuana, towards the problem of marijuana  
22 use prior to this after sentence.

23 MR. OGDEN: It was the opinion  
24 of the members of our foundation and myself  
25 personally that marijuana is already legalized  
26 by the mass of the people, just like liquor  
27 was during prohibition in the United States. It  
28 is legal except for the unfortunate 1% that get  
29 caught.

30 THE CHAIRMAN: Thank you. Dr.  
LaLonde?

I am  
DR. LALONDE: /particularly interested  
in, I am not a socialist in pharmacology and I will



1       restrain myself to the recommendations of our  
2       association, to keep in mind the medical and  
3       scientific aspect and we should not make value  
4       judgments based on unknown things, we should  
5       study first these sociological, pharmacological,  
6       medical aspects of the use of these drugs.   Of  
7       course if we consider the fact that the addicts  
8       use many drugs, we should study that phenomenon,  
9       and at the present time the people we see  
10      in psychological clinics cannot be the subject  
11      of such a study, because they have been taking  
12      all sorts of things without knowing what it was.

13                       So we recommend a series of studies  
14      on those drugs, where those drugs could be studied  
15      separately.

16                      THE CHAIRMAN:   Could you speak  
17      closer to the microphone please?

18                      DR. LaLONDE:    We suggest the  
19      establishment of study centres on these drugs  
20      where these drugs could be studied separately  
21      for a given dose and for a given substance.  
22      I think it is quite important for us to know  
23      what we are talking about when we say marijuana  
24      or other drugs.

25                      Secondly, the publication of  
26      a very simple treatise information to give to the  
27      doctors on the quantitative and qualitative  
28      aspects and the consequences of the use of those  
29      drugs.   It could be done in the Federal capital,  
30      and it could be distributed to all doctors

...itself to the ...  
...to keep it ...  
...scientific aspect ...  
...based on the ...  
...study first ...  
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...a very simple ...  
...doctors on the ...  
...aspects and the ...  
...drugs. It could ...  
...and it could be ...



1 and they could fill those questionnaires for  
2 each patient they see, whether suffering from  
3 drug addiction or alcoholism.

4 We recommend the establishment  
5 of treatment centres generally speaking. Such  
6 centres exist for alcoholics, they do not  
7 exist for drug addiction and psychodysleptic drugs.

8 Fourth, I think we should  
9 distribute very definite clinical reports on the  
10 various aspects and consequences of those drugs,  
11 at the same time as the publication of reports  
12 of the social aspects of the use of drugs.  
13 As we said before, very often the answers to those  
14 questions are -- could be questioned.

15 THE CHAIRMAN: Are there some  
16 questions?

17 DR. LEHMANN: So your recommendations  
18 would then be to insist on the establishment of  
19 treatment centres for the victim of psychotropic  
20 drugs?

21 DR. LaLONDE: Yes, the people we  
22 see in our psychiatric clinics are of two kinds.  
23 There are now people coming to us in -- under the  
24 state of -- under the influence of the  
25 psychodysleptic drugs, and others have psychotic,  
26 psychological reactions after the use of drugs,  
27 and one of the very important point for us would  
28 be to be able to treat those persons. Of  
29 course it is very difficult to say what the  
30 percentage of the population is, that is, the



1 population of users for sick persons. At least  
2 they should receive treatment.

3 DR. LEHMANN: Well, you make a  
4 difference between the users of psychodysleptic  
5 drugs <sup>those</sup> and/who are still healthy and those who  
6 take drugs, who have extreme reactions or  
7 changes in personality. Do I understand you  
8 correctly?

9 DR. LaLONDE: Yes. Among those  
10 who suffer changes of personality it is quite --  
11 it is even more than probable that those factors  
12 of the personality existed in them before their  
13 use of drugs and they are mainly aware of --  
14 aware of them now because they use the drugs.

15 DR. LEHMANN: They now exteriorize.  
16 You would like to see some special treatment  
17 centres or better information and better education  
18 of the psychiatrist?

19 DR. LaJONDE: This is a second  
20 thought. The experimentation centre is something  
21 else. This should be on -- to study the effect  
22 of given doses of given drugs. As another  
23 doctor mentioned earlier in the case of his son,  
24 we should have centres in order to treat that  
25 kind of patient. In the emergency wards we  
26 treat them very superficially and we do not  
27 have treatment for the users of psychodysleptic  
28 drugs.

29 DR. LEHMANN: Then you would like  
30 to see those experimentation centres for research?





1 DR. LaLONDE: Yes. The specialist  
2 in pharmacology have already mentioned that  
3 fact. I believe there must be documentation  
4 on the effect on animals as for any other drug,  
5 and when the results can be tabulated, we could  
6 try those experiments on the human beings,  
7 according to the results of the studies on  
8 animals.

9 DR. LEHMANN: Did you have some  
10 proposals about what should be done with the law?

11 DR. LaLONDE: I think it is too  
12 much to consider that these products are narcotics.  
13 They are not narcotics.

14 DR. LEHMANN: Could you then  
15 favour the distribution of those drugs to everyone?

16 DR. LaLONDE: No, because that  
17 drug is still partly unknown. On the other hand  
18 we have to notice that it is at least not  
19 more harmful than alcohol. We know what the  
20 alcoholic psychosis are, and the alcohol is still  
21 sold on the market.

22 DR. LEHMANN: Well of course,  
23 everyone can buy alcohol. Do you think the  
24 same rule should apply for marijuana?

25 DR. LaLONDE: I think it should  
26 be within a more general program. If we  
27 decide to withdraw from the side of the population  
28 all the toxic substances -- there are many of  
29 them, cigarettes and alcohol also -- we should  
30 do the same with psychodysleptic drugs, but if we



1 felt substances that are toxic and tolerated while  
2 knowing perfectly well that they are toxic, it would  
3 be the same thing with other things, like drugs.

4 DR. LEHMANN: You are saying then,  
5 that since alcohol and nicotine are permitted,  
6 marijuana should be permitted too?

7 DR. LaLONDE: Alcohol is sold  
8 under provision and control. We know how much  
9 percentage of alcohol there is in the bottles that  
10 are sold, but now we never know how much  
11 cannabis is included in the marijuana cigarette.  
12 If we believe -- if we think that there could be  
13 a control on the quality of the products, it  
14 could be sold under the same rule as the sale of  
15 alcohol.

16 DR. LEHMANN: How about LSD  
17 and speed?

18 DR. LaLONDE: The studies on  
19 LSD are not complete yet and it is a product  
20 that is very difficult to obtain in its purest  
21 form. The results are most serious because  
22 of what we see in psychiatric clinics and they  
23 came to us after having first tried marijuana  
24 but after they come to us, after having absorbed  
25 LSD, most of the time only after having absorbed  
26 LSD. Could we say that there is a psychiatric  
27 factor going on? Is it due to the passage from  
28 marijuana to LSD or the use of LSD alone? So  
29 I think we should be more careful with that drug.

30 THE PUBLIC: Do you think that





1 the marijuana should also be synthesized?

2 I think for the moment the marijuana is already  
3 synthesized or it is in process of being synthesized,  
4 since 1966. It has been produced in Israel?  
5 I don't know if it exists in the States, but I  
6 think there is for the moment very few experiments  
7 with cannabis and there has been on the market  
8 a sale of some synthesized cannabis which it was  
9 a veterinarianian product and no consumer of true  
10 marijuana would accept the use of synthesized.

11 THE CHAIRMAN: I call now on the  
12 West Island Social Action Committee. Oh, excuse  
13 me, Mr. John Aimers, National Director of the ---  
14 the Director of the Young Progressive Conservatives  
15 of Quebec. Is Mr. John Aimers here?

16 MR. AIMERS: Yes. I am sorry, I  
17 got the order wrong.

18 THE PUBLIC: Excuse me, sir,  
19 was that gentleman just saying that if grass is  
20 legalized that it should be cut, like, more or less  
21 the government will stabilize how good it is or  
22 not?

23 DR. LEHMANN: Yes, he did, quality  
24 control. Not cut, but it should be regulated,  
25 the quality of it.

26 THE PUBLIC: You mean like  
27 Acapulco Gold would get here and they would  
28 more or less put something in it, so that it wouldn't  
29 be as strong?

30 DR. LEHMANN: No, he didn't say



1 that.

2 MR. AIMERS: Thank you, Mr. Chairman.

3 First, I must apologize, Mr.  
4 Chairman, <sup>not</sup> for/having more copies of what I am  
5 going to say, but the state of electricity in  
6 Montreal this morning was not conducive to  
7 duplication. I should like to make clear at  
8 the outset that although I speak as the Quebec  
9 Y.P.C. director, the views which I express,  
10 although they are those of a substantial number  
11 of the membership of the Y.P.C. in Quebec, and  
12 I believe the majority nationally, do not in any  
13 way reflect the official position of the national  
14 Y.P.C. Association nor any of its constituent  
15 bodies .

16 I hope that I may be forgiven  
17 if the broad terms of reference given to this Commission  
18 might focus specifically on the <sup>surrounding the use of</sup>  
controversy/of the drug marijuana.

19 I do so primarily, because this  
20 issue is of the most direct concern to my age group  
21 and of people whom I represent and also to those  
22 Who think they know what some of us are thinking  
23 in my conclusion.

24 This concern cannot be heightened  
25 by the ready availability of marijuana and the  
26 nominal position of this drug under the laws of the  
27 nation, and I say this with respect in the mind of  
28 those who should know better.  
29  
30





1 Now, it was my intention, Mr.  
2 Chairman, to do a review of <sup>certain medical and legal</sup> studies of marijuana  
3 done over the last seventy-five years. <sup>However,</sup> / having  
4 read and been made aware of the brief which was  
5 submitted to this Commission by Mr. Patterson  
6 of the Faculty of Law of the University of  
7 Western Ontario, wherein Mr. Patterson traced  
8 <sup>beginning with that</sup> studies of the Indian Hemp Drug Commission of 1894.

9 <sup>that</sup> I feel any effort on my part to do so,  
10 could not but be superfluous. But I would  
11 merely point out that the finding of -- one of  
12 the findings of the Indian Hemp Drug Commission  
13 in 1894, that is there appeared to be no  
14 substantial evidence of mental, physical or moral  
15 injuries from the moderate use of <sup>hemp</sup> drugs, remain  
16 the same in Mayor LaGuardia's <sup>Committee</sup> report of 1944,  
17 that is, the use of marijuana did not lead  
18 directly to criminal misconduct or mental or  
19 physical deterioration.

20 In 1966, <sup>in</sup> a report issued from  
21 the Research Addiction Foundation of Ontario  
22 the findings were basically the same, few physical  
23 effects, some non-serious psychological changes.  
24 However there are one or two other studies which  
25 were not mentioned in the Patterson brief which I  
26 believe are of significance. One report I would  
27 note is that of a study conducted by Dr. George  
28 Lunberg, who is the associate professor of  
29 pathology at the University of Southern California  
30 School of Medicine. Dr. Lunberg traced 90,733



1 consecutive admissions to the Los Angeles County  
2 Medical Centre. According to the Los Angeles  
3 Times, we could only find, and I quote, "Three  
4 admissions that were prompted by the recognized  
5 effect of marijuana, but we found that some of the  
6 over-the-counter drugs caused many more hospitalizations  
7 than marijuana. In this group were Sominex,  
8 Sleepeze and Nytol, <sup>all</sup> taken to induce sleep, were  
9 available without prescriptions. The vast  
10 majority of admissions due to drug abuse implicated  
11 <sup>alcohol,</sup> barbiturates, amphetamines or nicotine," Dr.  
12 Lunberg said.

13 I would also draw the Commission's  
14 attention to a survey of 232 marijuana smokers  
15 reported by Dr. Andrew Malcolm, consulting  
16 psychiatrist to the Addiction Research Foundation  
17 of Ontario. I quote a Canadian press report:  
18 "As a group the marijuana users <sup>we</sup> studied tended to  
19 deviate from the general population, but in a  
20 creative way, said Dr. Malcolm. An inventory of marijuana  
21 <sup>users'</sup> personality <sup>traits</sup> shows characteristics very similar to the  
22 reference studies of the United States authors,  
23 writers, scientists and other creative people",  
24 he said. Now, I simply leave these two reports  
25 for consideration now, although I will return to  
26 more of Dr. Malcolm's comments when I come to  
27 discuss more fully the principle, or perhaps I  
28 should say the last principle which underlies  
29 the society's current laws and thoughts on  
30 marijuana and its users. What does concern me





1 most, Mr. Chairman, is the lack of principal  
2 thinking and principal action on the question of  
3 marijuana by <sup>our</sup>parents, <sup>our</sup>educators, <sup>our</sup>ministers  
4 and most important, by our government. I cannot  
5 be convinced that a man should not be free to  
6 act as he chooses, provided he does not initiate  
7 the use of force against others.

8 Now, modern governments have  
9 assumed many other powers to limit, and  
10 supposedly protect mass liberty freedom of  
11 thought. Again, supposedly in the name of the  
12 woolly cause of a nebulous common good.

13 But I would suggest that this Commission should  
14 not concern itself with this trend, but rather  
15 seek to make recommendations that will exalt  
16 man's freedom rather than abase it and put the initiative  
17 on the citizens rather than on the state.

18 I quote again from the Murphy report: "Cannabis  
19 does not, per se, induce aggressiveness or  
20 criminal activity and there are many other  
21 studies that bear this out." That is, Mr.

22 Chairman, marijuana does not cause man to  
23 initiate the use of force against others. In  
24 the majority, the vast majority of cases.

25 I ask therefore what philosophical considerations  
26 presuming the government has a right to consider  
27 this aspect at all, which I doubt, but I know it  
28 will, so I have to bring it in, what philosophical  
29 consideration is there at this time for prohibiting  
30 the use of marijuana?



1                   some     will say, and not  
2 without reason in their own particular system of  
3 thought, that the government must, in its  
4 capacity as shield and defender of man, regardless  
5 of whether or not that man has asked for defence,  
6 protect citizens from possibly unknown harm  
7 from medical effects which the medical profession  
8 working at its usual pace, may some day come up  
9 with.

10                   But I ask, Mr. Chairman, are we  
11 to presume the worst of man, or are we to give  
12 our citizens the minimum dignity of being rational  
13 beings.     Now obviously I accept the feeble-minded and  
14 for the time being I am willing to accept  
15 the     disenfranchised, but surely however, if we  
16 do take the daring step of declaring man in Canada  
17 basically irrational, and I don't think this is  
18 asking too much, we must agree that the state  
19 should not assume this kind of decision-making  
20 for man.     In a word, are we jelly-fish and are  
21 we going to let the government tell us so,  
22 or are we willing to demand our assumption  
23 of responsibility of citizens in a free and just  
24 society.     Now some of the arguments used by  
25 men<sup>who</sup>/through their years and others who one would  
26 have thought would think differently, are  
27 amazing.     One member of Parliament, Mr. Chairman,  
28 told me he could not support legalization of  
29 marijuana proposals because he was afraid he and  
30 his colleagues in the House would lose votes.





1 I suppose it never occurred to him that there might  
2 be more important things than losing votes.  
3 Another member of Parliament, a member of my  
4 own party, he made a speech<sup>in the House</sup> / Dr. Paul Yewchuck  
5 on the 30th of October, which bears out, I am  
6 afraid, all too typically, the attitude of many of our  
7 men in public life today. This speech appears  
8 on page 335 of Hansard and I would just like to  
9 quote one or two passages from it: "There are  
10 those who are promoting use of this drug who  
11 will tell you there is enough useful evidence to  
12 warrant approval of pot smoking, but fewer  
13 controls are necessary than with tobacco and  
14 alcohol." They go on to say that "a large  
15 number of young people use the drug knowing  
16 from evidence produced by research and  
17 other personal experience, that it is harmless.  
18 I say "bunk", Mr. Speaker.  
19 Not enough evidence has been produced through  
20 research. No research is available today to produce  
21 conclusive evidence that these are indeed the facts".

21 I would point out, Mr. Chairman,  
22 that what Dr. Yewchuck failed to mention is  
23 that no research is available to say that these  
24 are not the facts. Science with all the gadgets  
25 and tests at their disposal, has not yet found  
26 possible serious effects from the moderate use  
27 of the hemp<sup>drug</sup> / I quote again: "There is definite  
28 evidence against marijuana's toxicity." Now  
29 toxic, according to definitions I have been able  
30 to find, in Oxford dictionary and others, is



1 defined as poisonous . And this is the statement  
2 that many people make, but what an amazing one it  
3 is . So poisonous is this drug that of the 50%  
4 of students in the Los Angeles area estimated to  
5 have tried marijuana, once or twice, and the  
6 15 to 20% who use it regularly, and these are  
7 figures from the consultant to the National  
8 Institute of Mental Hospitals, Dr. Yolles, only three  
9 cases of some ninety thousand suffered adverse  
10 effects / <sup>from the use of marijuana</sup> Dr. Yewchuck told of the  
11 and personality change seekers.  
oblivion seekers, / a tiny percentage, Mr. Chairman,  
12 to find escape or happiness that is available.  
who will always use any means/ They will not,  
13 however, find it for long in marijuana. For, as one  
14 Chicago student <sup>in the time survey</sup> put it / of the 26th of September,  
"If  
15 / you take it when friends take it together, you are going  
to see yellow submarines. It is not to solve problems,  
16 just to giggle". God knows, Mr. Chairman,  
17 we could use some more laughter.

18 Another common fallacy is revealed  
19 in this portion of the speech which I have heard  
20 many times: "It is an accepted fact that a large  
21 portion of people using heroin and other hard  
22 drugs started out <sup>using</sup> / pot and progressed to harder  
23 drugs, in order to get more of the desired effects."  
24 The fact, Mr. Chairman, according to whom, what  
25 study or report, and even if true, which I do not  
26 accept, I put it to you that the users of heroin  
27 today would come to this totally different drug,  
28 that is heroin, anyhow, whether they started with  
29 cannabis or not. Why not ask not what  
30 percentage of heroin addicts, and they are addicts,





1 if they began by taking marijuana, why not ask  
2 what percentage of marijuana users in fact go on  
3 to hard drugs.. Now, according to Dr. Yolles,  
4 as I mentioned before, as many as twenty million  
5 persons in the United States of America may  
6 have tried marijuana. According to the Time  
7 magazine survey, there are at most, a hundred thousand  
8 drug addicts, i.e. less than one-half of 1%  
9 marijuana users at most, go on to hard drugs,  
10 and although I have no statistics to bear this  
11 out, Mr. Chairman, I would put to you that a lot  
12 of these may go on to these drugs from --  
13 because they were prescribed medically and they  
14 became addicted to them, or they may never have  
15 started with marijuana in the first place.

16 Now occasionally some of our  
17 law makers and our public men who speak, make  
18 feeble attempts to wriggle out of their  
19 responsibility for these laws by claiming that the  
20 laws are indeed too harsh, but then, as they are  
21 are not enforced/<sup>it</sup> doesn't really matter, and I  
22 have heard several people in the audience  
23 refer to this today. But this, to my mind, Mr.  
24 Chairman, is a specious argument.

25 The law -- beyond being a specious  
26 argument, the laws are imposed. Only last week  
27 I read about a magistrate in Alberta who announced  
28 that from now on he would sentence first-time  
29 users of marijuana to <sup>three month terms in</sup> jail. No doubt he will  
30 shortly receive a promotion as a result of his fairness.



Now, some say we must have less harsh laws. Mr. Chairman, a substantial number of us in the Young Progressive Conservatives, and myself personally, want no laws on principle mainly, and for more practical reasons as well. No laws on marijuana.

The cleavages in society today are alarming. I want my contemporaries to have respect for law and order. How can I ask them, Mr. Chairman, to accept the authority of a policeman to execute laws obviously on principle and unsupported at the moment by medical evidence. / The physicians say, and I heard them in Niagara Falls, and I heard them here today, the Liberal and New Democratic Parties heard them in Winnipeg, and I am sure the Liberals will in British Columbia, that perhaps in five or ten years they will have some definite word for us. But there is now definite word on alcohol and tobacco. Alcohol rots the liver and destroys brain cells, and there is substantial and empirical evidence that cigarettes -- the use of cigarettes and lung cancer are related.

I would ask, Mr. Chairman, who proposes seriously to outlaw these substances and perhaps clap their importers and users into jail for seven years? Who indeed, except the prohibition party in the United States, I would add. The pot penalty is indeed worse than the pot crime. As Dr. Yolles put it, in testifying before the United States Senate Sub-committee on the use of drugs, "I know of no clearer instance in which punishment for an infraction of the law is more harmful than the crime. I am convinced the social and psychological damage caused by incarceration is, in many cases far greater to the individual and to society than the offence itself."

And I ask that Dr. Margaret Mead, noted anthropologist, whether we can afford the breakdown with respect to the law on the part of my generation, a





1 significant part of <sup>which</sup> breakdown is caused by  
2 this very issue. Dr. Mead goes on to say  
3 this breakdown is indeed far more dangerous than  
4 any possible overuse of any drug.

5 Now I venture to draw the Committee's attention  
6 an extremely important point from Dr. Malcom's further  
7 to/ comment on the creativity of marijuana users.  
8 He said that the personality characteristics  
9 of these people who use marijuana conclude that

10 they are non-conforming, imaginative, flexible, not provided  
11 by the standard attitudes of society,  
12 rather free-thinking, in a word, unconventional.

13 Could it be that here in Canada, Mr. Chairman,  
14 our society wants to repress and keep down these  
15 free-thinking individuals who are perhaps less afraid  
16 than some of us comfortable in our chairs here  
17 less afraid to challenge some of the institutions of our/ societ:  
18 today; but I ask indeed why should we fear.

19 Surely the institutions and beliefs that are valid  
20 and worthy will survive in the future as they  
21 have survived for the last hundreds of years.

22 if you will,  
23 Consider too/this comment of the Murphy report:

24 "It may be that we can ban cannabis simply  
25 because the people who use it carry little weight  
26 in social matters <sup>are</sup> and/relatively easy to control  
27 whereas the alcohol user often carries plenty of  
28 weight in social matters and is difficult to  
29 control. It is yet to be shown however, that  
30 the one is more <sup>or personally</sup> socially/disruptive  
than any other." It is true, Mr. Chairman,  
that we carry little weight at the moment. I, at  
17, my party do not demonstrate in the  
streets, we do not have large well-organized  
movements to organize support for our beliefs,



1 but there is rather instead <sup>and</sup> more dangerous a  
2 quiet anger <sup>that is growing in intensity;</sup> not only among the young but among  
3 the free thinkers, <sup>those</sup> who love liberty everywhere,  
4 an anger that should be considered but is not,  
5 an anger placed with <sup>the</sup> little weight given to our opinion  
by those of you who carry the big weight.

6 The time has come, Mr. Chairman, we think,  
7 to take an acceptable risk. We cannot take  
8 five, ten, twenty, hundred or more years for  
9 medical <sup>evidence</sup> / that may not come, that has not come  
10 yet, and meanwhile let the quiet anger grow  
11 into something that is infinitely more ugly,  
12 which defence against laws that are <sup>ir-</sup>relevant  
13 today, arbitrary in action and confused at best  
14 in rationality.

15 In short, it is time to take a  
16 stand. The stand we respectfully suggest is  
17 that of legalizing possession <sup>and use</sup> of marijuana,  
18 no half measures, no compromises, but a clear  
19 reversal <sup>of</sup> policy substituting the principle  
20 that is <sup>now</sup> so sadly lacking. The question really is,  
21 Mr. Chairman, are you ready to heed a clear  
22 and growing call. / <sup>A well recent and presently documented case</sup> that has been presented  
23 by many people, to take an initiative, to stretch  
24 out a hand of trust to this generation and to do  
25 it now, and that's to take a first step on a  
26 journey that will doubtless go for many thousands  
27 of miles, that will challenge and test us as we  
28 journey, young and old, I hope, together, I hope,  
29 on the journey to this society which we feel is  
30 right for us to do today. And I ask, Mr. Chairman,  
can we --





1 the body politics of society, or whatever you  
2 want to call us, can we or dare we do less than  
3 this. Thank you.

4 THE CHAIRMAN: Thank you.

5 Do I understand that you are  
6 appearing for yourself, with your personal  
7 submission?

8 MR. AIMERS: It is my personal  
9 submission, but it reflects the majority viewpoint  
10 of the Quebec members of the Young Progressive  
11 Conservative Associations. That has been  
12 consultations with  
determined by the constituency presidents.  
ridings and the

13 THE CHAIRMAN: Not in meeting?

14 MR. AIMERS: We met in Niagara  
15 Falls, but we did not at that time take a concensus,  
16 but one has been taken since.

17 THE CHAIRMAN: Thank you.

18 MR. STEIN: Can you tell me whether  
19 or not your recommendations have any stipulation  
20 regarding age?

21 MR. AIMERS: Well sir, I don't  
22 see how one can rationally justify a given age.  
23 I think it will probably come down to the fact  
24 that we will have to accept that the age of the  
franchise <sup>will be</sup> / the age of legalization, but  
25 philosophically I can't justify that. Because,  
26 who is to say that it should be twenty-one as  
27 opposed to eighteen as opposed to sixteen?  
28 Ideally it should be done on the individual basis,  
29 but ---

30 MR. STEIN: We do make distinctions



in the law. We have special statutes trying to deal with the particular phenomena of juveniles, because while it is too late to go into the philosophical premises here -- but you have given me the answer, fine.

THE CHAIRMAN: Any other questions, or comments?

Thank you very much. We call now on Mrs. Pamela Pfeiffer, of the West Island Social Action Committee.

MRS. PFEIFFER: Mr. Chairman, members of the Commission, the brief I have handed you is based on number "C" in the brief on your yellow reference sheet. It is submitted by Father Ray Corriveau, Ph.D., Mr. Gallagher, Psychologist, Dr. Sidney Lecker, Psychiatrist, and myself.

THE CHAIRMAN: Would it be possible -- excuse me, Mrs. Pfeiffer. Would it be possible to summarize the brief?

MRS. PFEIFFER: And we could concentrate on the recommendations. All right. Could I take it from page 4?

THE CHAIRMAN: Yes, as you wish.

MRS. PFEIFFER: Fine.

The Functions of the Social Action Committee: 1. Opportunities for dialogue and leadership training -- this committee has attempted to provide a substitute for the functions of the extended family, or the long-standing friends of





1 the family, who may not exist in such a community.  
2 A group of citizens, led by one of the members  
3 of the Social Action Committee with industrial  
4 experience in sensitivity training, has  
5 organized a leadership training group with  
6 young people and adults. Having received  
7 their training they establish discussion and  
8 encounter groups in various areas of the  
9 community. Their job is to facilitate  
10 dialogue at a meaningful plane between  
11 neighbours in a given area with the hope that  
12 this will provide a catalyst of a further knitting  
13 together of the participants. It is hoped in  
14 this way to offset the problems produced by  
15 the lack of the extended family. In addition,  
16 the facilitation of dialogue between adults and  
17 young people seems to be an ameliorating  
18 factor in overcoming drug usage (see Brotman-  
19 Proceedings of the 1968 American Psychiatric  
20 Association conference).

21 2. Y.M.C.A. Detached Work and  
22 Drop-in Centres - Provisions of roving skilled  
23 youth workers is an important resource in a  
24 spread out community with few natural areas for  
25 young people to congregate. The lack of  
26 social opportunities or skills that leads youth  
27 to the abuse of drugs through the progression  
28 outlined above is counteracted by a detached  
29 worker, skilled in facilitating social  
30 interaction. The drop-in centre provides a home



1 base for such a detached program as well as  
2 providing facilities for more formal types of  
3 programming in which the young people may be  
4 interested.

5 3. Improved education in  
6 quality and responsiveness to youth - Under the  
7 guidance of a member of the Social Action Committee,  
8 the youth of this area presented a videotape  
9 program to a local school commission in which  
10 they had gathered the views and attitudes of a  
11 cross section of students re the educational  
12 process. It is hoped by such presentation,  
13 whether effective or not initially, to illustrate  
14 the means of constructive dissent and the  
15 effective dialogue.

16 4. Improved psychiatric  
17 facilities - The Social Action Committee was  
18 instrumental in bringing community pressure to bear  
19 on a local hospital to improve its services. Although  
20 a causal sequence could not be established,  
21 additional salaries were granted for work in Child  
22 Psychiatry in a temporal sequence to this  
23 community request.

24 5. Research - A Ph.D. student  
25 in Psychology was invited to sit as a member  
26 of the Social Action Committee and through  
27 his experience there, gained access to information  
28 and to a sample population for a survey on drug  
29 abuse. His research was made possible through  
30 the fund-raising efforts of the Social Action Committee





1 and his findings have already been presented to  
2 this Royal Commission.

3 6. Resource Bank - A large drug  
4 seminar was held one year ago, and many of the  
5 registrants of this seminar indicated a  
6 willingness to participate at several levels in  
7 future programs vis-a-vis making the  
8 community a more facilitating place for growth  
9 and development. Names were indexed and various  
10 groups in the community with projects of their  
11 own are able to draw on this resource of  
12 interested and motivated people to aid them  
13 in their projects.

14 7. Juvenile Court - The West  
15 Island Social Action Committee backed the  
16 activities of a citizen in the area in her efforts  
17 to obtain a properly staffed Juvenile Court for the  
18 district.

19 Now, this is the Summary: All  
20 these efforts of the Social Action Committee have  
21 been directed to facilitating dialogue between  
22 adults and youth, between "grassroots" people  
23 and institutions, and between institutions  
24 themselves. It was hoped that, by mobilizing  
25 well-meaning people of all ages and providing for  
26 them the vehicles through which to participate  
27 in community life and meaningful dialogue, the  
28 problems of living in a suburban highly mobile  
29 community would be offset.

30 The Youth Clinic (a separate



1 project). In the progression of drug use  
2 described above, a point is reached when the  
3 youngster leaves his community and drifts to the  
4 core of the city. At this point, his degree of  
5 alienation is so great that he will not seek help  
6 even if he or his peers recognize the need for  
7 it. He still retains the covert magical  
8 belief that no matter how dangerous his behaviour or  
9 how aimless his life style, help will appear from  
10 some quarter. Unfortunately, a youngster in a  
11 "crash pad" is not accessible to the well-meaning  
12 parent or institution wishing to provide him the  
13 help that he requires. Through the establishment  
14 of indigenous run medical-psychiatric-social  
15 facilities such as those in the Youth Clinic,  
16 the barrier to help is significantly lowered or  
17 reduced. There is a symbolic meaning to an  
18 indigenous run clinic as well. The message it  
19 imparts is that young people must be responsible  
20 to themselves and to each other for the  
21 consequences of their behaviour. If they  
22 contract venereal disease, they realize through  
23 their own clinic, that they must bring in their  
24 contacts. In a general hospital, should they  
25 go (which is unlikely) they would fear a police  
26 report or at least that their parents would be  
27 informed, if they were known to have venereal  
28 disease or to be taking drugs. The experience  
29 of the Youth Clinic has been that the medical  
30 and psychiatric complications of this type of life





1 style are effectively treated, and this treatment  
2 is readily accepted by these alienated  
3 youngsters. Frequently with the  
4 availability of skilled psychiatric and social  
5 work help, these youngsters are re-integrated  
6 into society and very often return to their  
7 families or to productive pursuits in the  
8 community. A report on the Youth Clinic  
9 outlining its activities over the past year  
10 and one-half is enclosed with this submission.

11 A point of information is in  
12 order: Although the Youth Clinic is not a project  
13 of the West Island Social Action Committee, the  
14 experience gained by one of the members of the  
15 Social Action Committee in the community in  
16 question, provided valuable information as  
17 background in his efforts to set up the Youth  
18 Clinic. Recently, youth clinics of the type  
19 described, are being established in the community in  
20 question with the participation of the Y.M.C.A.  
21 and the advice of the established Youth Clinic's  
22 personnel.

23 Finally, the recommendations  
24 emanating from this report.

25 Each community has to take a good  
26 look at itself and make a definite effort to improve  
27 to its own benefit. We are not saying that OUR  
28 approach will be effective in ALL other  
29 communities. Each Community has its own needs and  
30 its own problems.



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1. Creating opportunities for

## 2. Vast increases in detached work

### 3. Improved education in terms of

5. More research in the area of drug

## 6. Creating community

## 7. Decentralized Juvenile

that are closely in contact

ers' milieu and able to be

habilitation process as well as

## A centralized Juvenile Court

ion is only aware of offenses





1 as one is re-arrested, and not aware of the  
2 rehabilitation process or the obstacles to that  
3 process.

4 8. Programs designed to  
5 facilitate meaningful dialogue between adults  
6 and youth, between "grassroots" people and  
7 institutions and between institutions in themselves.  
8 This function was served by our Social Action  
9 Committee and we feel this was a PREVENTIVE  
10 approach to drug abuse and the problems which  
11 underlie it. The Youth Clinic outlines an  
12 approach which must be taken once the problem exists  
13 in terms of drug abuse and its attendant  
14 alienation.

15 Thank you.

16 THE CHAIRMAN: Thank you, Mrs.  
17 Pfeiffer. Dean Campbell? Yes?

18 THE PUBLIC: My name is Larry  
19 Rafiel. I am a third year faculty student  
20 at McGill University and I would like to make  
21 an addendum with the Committee's permission to the  
22 comments that have been made in this brief.  
23 I am intimately involved with the running of the  
24 Youth Clinic, and in view of some of the evidence  
25 presented this afternoon, I felt several points  
26 need to be brought out. First of all, the  
27 fact that more youth clinics of this type are  
28 definitely needed, the type of clinic that we  
29 provide provides two things: it is run  
30 jointly by medical students, social workers,



1 psychiatrists, licenced physicians and people  
2 in the area. And what we hope the clinic  
3 provides to anyone who wants to avail themselves  
4 of its services, is two things: a combination of  
5 empathy which they can receive -- empathy  
6 and stability. People who present to our clinic  
7 can receive one or the other from various  
8 members of the community, but rarely both.  
9 They can receive empathy from the people whom  
10 they live with, their peers, but they can't  
11 often receive stability. They can often receive  
12 stability from any member of the so-called  
13 institutions, the parents and banks and so on.  
14 Well, we hope these clinics provide the  
15 combination of both by having young people,  
16 including medical students, interested physicians  
17 and so on at the clinic. We hope that we help  
18 them on the way back in. I think two additional  
19 points should be made: The question of laws  
20 has been brought up here with particular reference  
21 to the legalization of marijuana. At the  
22 moment the definition of the law, the Juvenile  
23 Delinquency Act, says that any individual  
24 who attempts to counsel or aid any person under  
25 the age of eighteen is subject to the Juvenile  
26 Delinquency Act. At the moment there are a  
27 great deal -- a great many people, teenagers,  
28 who are of course under the age of eighteen, and  
29 are under the influence of drugs, and are very  
30 much in need of counselling and medical aid, which they,





1 for various outlines outlined in this brief  
2 would not go either to their parents and family  
3 physicians or various hospitals. By asking  
4 members of the physicians, asking physicians,  
5 medical students, and indigenous workers to  
6 treat these people, to counsel these people,  
7 we are asking them to break the law and  
8 placing their professional lives in jeopardy.  
9 Other laws, other examples of this law are  
10 of course giving out birth control pills to  
11 anybody under the age of eighteen. Without  
12 getting into the moral aspect there certainly  
13 aren't many girls who would otherwise become  
14 pregnant if they did not present to their family  
15 physician, and so on, asking for birth control  
16 pills. And so I would impress upon the  
17 Commission the need for additional clinics to  
18 be set up along these lines whereby people could  
19 come in, drop in and feel that they have a chance  
20 to be rehabilitated.

21 I think one other point should be  
22 made. This clinic should not only be psychiatrically  
23 or medically oriented to treating either hepatitis  
24 or venereal disease, as it presents. There  
25 should be an additional aspect of the clinic for  
26 social rehabilitation. Often as not these  
27 people need a place to stay, or certainly jobs  
28 to get -- as I say, drop back in, to a certain  
29 extent, and operating from these clinics we would  
30 hope in the future there <sup>would</sup> be various types of



1 job corps or half-way houses for these people  
2 to be rehabilitated after their emotional and  
3 physical problems have been dealt with.

4 Thank you.

5 THE CHAIRMAN: Thank you very  
6 much.

7 MRS. PFEIFFER: Mr. Chairman,  
8 could I just bring one more point? This would  
9 have been brought out in the first half of our  
10 submission. Because there are problems peculiar  
11 to <sup>sub</sup>urban living there are a number of factors  
12 that we have to face and I think the Commission  
13 should be aware of this: And one of the biggest  
14 problems that we have is 1. getting the  
15 community to recognize that it has a problem in  
16 the first place; and secondly, once they face  
17 up to the fact that they do have a problem, the  
18 avenues of referral are still very blurred and  
19 indistinct and this is something that we have  
20 to give a great deal of thought to, as to what  
21 you do with the parent and the child with  
22 regard to referring them for help, both for the  
23 child and for the parent.

24 THE CHAIRMAN: Thank you.

25 MR. CAMPBELL: Mrs. Pfeiffer,  
26 you have referred to the problems of alienation  
27 in your brief. A number of people suggested  
28 to us that the present structure of law adds  
29 to the fact of alienation, the law with respect  
30 to marijuana particularly. I was wondering if





1 your group had come to any conclusion on this  
2 particular matter, or if you had come to any  
3 conclusion about the appropriateness of the  
4 present laws concerning marijuana?

5 MRS. PFEIFFER: I think we all  
6 feel that marijuana not being a narcotic should  
7 have no business being under the Narcotics  
8 Act, but it certainly should be controlled.  
9 And with regard to your other question, as far  
10 as the alienation of the teenager is concerned,  
11 a great many of the children say the reason they  
12 don't take it is because of the law, so this  
13 has a deterrent act at the moment, but I could  
14 not give you a figure as to how many of them  
15 say it.

16 MR. CAMPBELL: This is  
17 interesting because most of the evidence we have  
18 heard that the law has little or no influence  
19 on the teenager. Could you expand on that de-  
20 terrent aspect at the moment?

21 THE CHAIRMAN: There is a  
22 gentleman ---

23 MRS. PFEIFFER: Excuse me.

24 THE PUBLIC: First I would like  
25 to comment on the term alienation. I am not  
26 sure what people talk about when they talk about  
27 alienation. I would like to give a definition  
28 of it in my own terms and discuss it in terms  
29 of my own definition. I believe an alienated  
30 group is usually a homogeneous group



1 and one which has no access to the power structure  
2 and cannot seem to influence their own lives in  
3 any way and they are usually highly visible as  
4 well, and we feel that young people fall into this  
5 group even more so by the way they dress, but  
6 certainly by their age and by the way they  
7 act. The question of no access to the power  
8 structure is not only relevant in the terms of  
9 the laws as they pertain to marijuana, but  
10 it pertains to every single aspect of their lives.  
11 They can't say anything if they think their  
12 education is irrelevant. They certainly can't  
13 say anything if there isn't an adequate bus route  
14 to take them from where they live to their friend's  
15 house. They don't seem to have any power  
16 whatsoever over their lives and they symbolize  
17 their rebellion against -- the rebellion  
18 against the law is symbolized in their  
19 irrationality against the law in terms of  
20 marijuana, but I think it relates to a whole  
21 area of alienation that relates to their inability  
22 in any way to govern their own lives, including  
23 the way they dress or the length of their own  
24 hair.

25 MR. STEIN: Could you tell me  
26 Doctor, or any member of the Committee, how you  
27 interpret in your -- in your recommendations,  
28 to send education in avenues for constructive  
29 dissent?

30 THE PUBLIC: Maybe I could

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1 elaborate a little in this area. Constructive  
2 dissent, I think, it goes without saying that  
3 we have plenty of dissent and that if brilliant  
4 computers etc. are evidence of it, I think we  
5 know what constructive dissent is. We think  
6 of constructive dissent in the terms of using  
7 avenues that are available which people have no  
8 access to, or are not aware of, or creating new  
9 avenues. Our Social Action Committee really  
10 is a counter-institutional, it represents  
11 school commissions and mayors and policemen  
12 and etc., but none of them really have <sup>any</sup> more  
13 of a mandate than just being nominated to sit  
14 on <sup>the</sup> committee, except that we have a certain  
15 public opinion influence. When we speak we  
16 speak for the whole community. I think that  
17 therefore the avenue for constructive dissent  
18 that this committee has served is that it has  
19 given young people and non-professionals and  
20 anyone in the community a voice. It doesn't  
21 have to be funnelled through a mayor who may  
22 be embarrassed by what is said, or any other  
23 institution. In terms of constructive dissent  
24 as well, the presentation of the young people  
25 in this community made to their school commission  
26 is interesting. They had a video tape machine,  
27 they had the recognition of all the students  
28 councils in the area. They presented it to a  
29 school commission, and I might say that the  
30 subjective response that they felt was one of

[Faint, illegible text in the upper two-thirds of the page, appearing to be several paragraphs of a letter or report.]

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1 derision and scorn.

2 MR. CAMPBELL: I would like to  
3 pick up this point that was referred to you,  
4 the deterrent effect of the law.

5 THE PUBLIC: I don't believe the  
6 law is any deterrent whatsoever, and although  
7 I will just rest on that point. I might say  
8 something else though. We keep on linking  
9 marijuana to heroin use, you know, and we are  
10 saying it doesn't or it does -- I think we should  
11 talk about the progression of marijuana, which  
12 perhaps isn't that harmful, to drugs that are  
13 known to be harmful, like amphetamines and  
14 perhaps even LSD. I have spoken to every single high  
15 school in the West Island Area, I think there  
16 is about eight<sup>een</sup> thousand high school students  
17 and I think I have spoken to just about every  
18 one over the past few years, and I clear the teachers  
19 and all the establishment people except  
20 myself, our of the room, and I have the students  
21 take a survey and those who admit to the use of  
22 marijuana, of those, two-thirds of them used  
23 other drugs in addition and have started on  
24 marijuana. They use amphetamines, they use  
25 LSD, or any other drug short of heroin, that is  
26 available. So we should consider the progression  
27 not from marijuana to heroin, which is a spurious  
28 link, but the one to the proven harmful drugs,  
29 like the amphetamines etc.

30 MR. CAMPBELL: How do you see  
this progression taking place?





1 THE PUBLIC: The progression takes  
2 place simply I believe, because people get into a  
3 certain league -- a certain drug scene or sub-  
4 culture if you like, and these other drugs are  
5 available. And of course it is much easier to  
6 police marijuana and hashish, than it is to police  
7 a drug that is pharmaceutically produced, like  
8 amphetamines.

9 MR. CAMPBELL: Does the present  
10 law on amphetamines and the periodic shortages  
11 of marijuana contribute to this?

12 THE PUBLIC: Definitely. It is  
13 my -- not only feeling, but in this Youth Clinic  
14 that we are associated with, where we see about  
15 three hundred -- or in September, 350 young  
16 people, there is no question that the use of  
17 amphetamines is rising drastically and it is  
18 due in fact to the shortage of other things,  
19 like marijuana or hashish.

20 MR. CAMPBELL: In that context  
21 what would you recommend we recommend?

22 THE PUBLIC: We recommend --  
23 I would certainly recommend -- not that I want  
24 to say marijuana is harmless or harmful, I don't  
25 know. The research has just been liberated  
26 recently. I would recommend possession of marijuana  
27 itself certainly not be an offence in any  
28 way, shape or form. I wouldn't say the same  
29 about trafficking because I think the motive  
30 of the trafficker is quite different from the



1 motive of the user, but I certainly then would  
2 place these other drugs that are of known dangerous  
3 potential like amphetamines under much stricter  
4 regulations than we have now.

5 MR. CAMPBELL: Would your  
6 committee show that view?

7 THE COMMITTEE: Yes.

8 MR. CAMPBELL: Would this  
9 represent a fair number of the body in your  
10 area?

11 THE PUBLIC: This would represent  
12 a fair amount, but we haven't any concensus,  
13 we certainly wouldn't say we have done any kind  
14 of a survey, but we represent -- two years ago  
15 we were assigned by the various institutions to  
16 represent them.

17 THE PUBLIC: Excuse me, Mr.  
18 Campbell, the man who says here there is a  
19 different thing for trafficking. Who is to say  
20 if I have a pound of grass, who is to say I ain't  
21 going to traffic that. Now I can use this pound  
22 of grass for my own personal use and turn on  
23 my friends or do whatever I want, but if I  
24 get stopped by the police, one pound of grass,  
25 for sure, I am a pusher. Like who is to say  
26 whether you are -- you are a pusher or not?  
27 Now, the only way you can find<sup>that</sup>/out is if you  
28 deal<sup>it</sup>/to a narc and then you are pushing.

29 THE PUBLIC: Sir, I have  
30 already recommended that possession of marijuana





1 not be illegal.

2 THE PUBLIC: No, but under the  
3 law if you have a pound of grass, it is not  
4 possession.

5 THE PUBLIC: Well, that would  
6 probably have to be clarified. You were talking  
7 for the purposes of trafficking, and in terms of quantity.  
about possession/ I would certainly think it would  
8 have to be made very clear.

9 THE PUBLIC: Okay, the second  
10 thing. The way the younger generation is going  
11 now<sup>is</sup> like there is more people taking LSD and  
12 mescaline etc. and if there is nothing done  
13 about the marijuana situation, like people are  
14 starting to drop more because there is no  
15 grass around, and like--I know many people who,  
16 on a certain night would really like to turn onto  
17 some / grass, but there is none around, so they  
18 will say, "Oh, what the hell, I will do some  
19 acid tonight", and can something better be done  
20 with the marijuana situation. Like there is no  
21 grass in Montreal. Like there is some around,  
22 but there is a lot of people turning on to  
23 acid, just because there is no grass around.

24 THE PUBLIC: I agree with you.  
25 I think short of any research that we certainly  
26 can say impressionisticly in working in  
27 hospitals that we don't see nearly the kind of  
28 problem with marijuana as we do with LSD and  
29 mescaline.

30 THE CHAIRMAN: Thank you very much.



1 DR. MILLER: In recommending  
2 better control of drugs, that is, amphetamines,  
3 would you direct yourself specifically to  
4 penalties, say, possession?

5 THE PUBLIC: I am a physician and  
6 a psychiatrist, and I think amphetamines are  
7 being abused and causing serious medical problems.  
8 I think that lawyers and politicians and sociologists  
9 perhaps who talk about the laws and what should be  
10 done. I am simply giving information.

11 MR. CAMPBELL: In your practice  
12 do you see an adult use of amphetamines?

13 THE PUBLIC: I don't see too  
14 many adults. I just hear of this abuse from my  
15 colleagues. I see it predominantly in teenagers.

16 THE CHAIRMAN: Thank you very  
17 much.

18 MRS. PFEIFFER: Thank you..

19 THE CHAIRMAN:--- Mrs. Pfeiffer  
20 and gentlemen.

21 THE PUBLIC: Commissioners, may  
22 I make a short brief, a brief that is brief.  
23 I am the brief, because I am a marijuana smoker  
24 and I think that when I need advice about the  
25 law, I see a lawyer and when somebody needs  
26 advice about drugs, they should see people who use  
27 drugs. A lot of people here, I get the  
28 impression, that they are talking from a viewpoint  
29 that has no basis in their own reality. And I  
30 feel that I am entitled to talk about this, because





1 I use marijuana, I smoke marijuana, I have used  
2 amphetamines, I have used heroin and I have used  
3 LSD. I am a journalist, I consider myself a  
4 responsible person; I have been four years as  
5 a journalist; I still am a journalist; I intend  
6 to continue on as a journalist, and I  
7 don't know whether I am alienated or not, but  
8 from some of the comments I am hearing, I am  
9 feeling alienated. I think that -- I think  
10 that for -- for example, this gentleman right  
11 here, this gentleman from the Hollywood Hospital  
12 was the only person who I could relate to here  
13 today, because he spoke from his own experience,  
14 and I don't feel, you know, that I should be  
15 put in jail because I smoke marijuana. As  
16 a matter of fact, I smoked it this morning, I  
17 smoked it just before I came here. I don't  
18 feel out of control, I don't feel apathetic.  
19 I think the reason why I am here is a testament  
20 to the fact that I am not apathetic. Because  
21 this is impromptu, it is not very coherent.  
22 But I really feel that I should not be put in  
23 jail -- in the United States right now, I could  
24 be arrested for internal possession.

25 I don't feel like a criminal,  
26 I don't feel like somebody lacking in humanity.  
27 I am an essentially feeling human being. I  
28 desire that respect. And people -- if I --  
29 I could walk out of here now in the United States  
30 and be arrested for internal possession, but when



1 an arrest is carried out by the police  
2 they are carrying out the arrest in the name --  
3 in your name, in the name of the people, because  
4 the laws exist by the consent of the people,  
5 and I would like to ask everybody here if they  
6 are going to consent right now to having me  
7 arrested.

8 THE PUBLIC: But you are in  
9 Canada.

10 DR. UNWIN: There is no risk  
11 of you being arrested because you have a joint.

12 THE PUBLIC: Right, but I have  
13 one in my pocket.

14 DR. UNWIN: I am not questioning  
15 your judgment, John.

16 THE PUBLIC: This gentleman here,  
17 Dr. Unwin, spoke of de facto legislation. That  
18 doesn't do me any good. I could walk out of  
19 here and get busted. People are asking what  
20 are we going to do about the people in the jail?  
21 I tell you, let them out.

22 DR. UNWIN: Let them out. Many  
23 many people at this conference, John, I think  
24 has been saying just what  
25 you are saying, they are demanding this, but I  
26 would wonder whether the risk of carrying a joint  
27 around was worth it to make a point.

28 THE PUBLIC: May I make ---

29 THE PUBLIC: I feel I had to make  
30 a point.





1 THE PUBLIC: He didn't carry it  
2 around to make a point. Somebody carried it around  
3 because we might take it to another place and  
4 smoke it.

5 THE PUBLIC: As a doctor and  
6 psychiatrist do you feel that a risk is a point  
7 of feeling maturity?

8 DR. UNWIN: Oh yes.

9 THE PUBLIC: He is achieving  
10 maturity.

11 THE PUBLIC: I know that the  
12 Commissioners have heard a lot of facts, a  
13 lot of testimony, a lot of versions. I would  
14 like to add one other thing, because people have  
15 said what I have said, and can say it maybe better  
16 perhaps because they have prepared it. I am  
17 trying to just say from the hip, because that is  
18 the way I feel about it. I think that there is  
19 an aspect that people haven't spoken up. I  
20 think that marijuana is not demonstrably harmful,  
21 and until it is proven harmful, I am not going  
22 to smoke it -- not going to stop smoking it if  
23 it is available, I am going to use it, and I am  
24 going to use it at the times that it is convenient  
25 for me to use it. I don't go to work high  
26 because I can't work well high, but today is  
27 my day off, and I smoked a joint. But I feel  
28 that the laws, the present laws, against marijuana  
29 are wrong and that they are being manipulated  
30 for all kinds of uses. I would like to talk



1 about the political aspects of marijuana.

2 For example, John Feckety,  
3 the editor of the McGill Daily, who published  
4 that "obscene article" by Paul Crasner, following  
5 the events of President Kennedy's assassination.  
6 He went on to involve the operation of the McGill  
7 Francaise demonstration. The day before the  
8 demonstration, the police raided his house,  
9 they confiscated a hashish pipe or something  
10 like that, and he got six months suspended.

11 THE PUBLIC: No, it is even  
12 funnier, because the thing was that John had  
13 not been involved and the reason they went and  
14 busted him was because he had not been at the  
15 meetings and they couldn't believe that if he  
16 were not at the meetings that there must be  
17 a very good reason for his not being at the  
18 meetings. They thought he might have bombs  
19 or something, so they searched the house for  
20 bombs and they didn't find anything, and they  
21 found a little tiny bit of hash and they busted  
22 him for that.

23 THE PUBLIC: Yes, so John Feckety  
24 got a political sentence. He wasn't -- they  
25 didn't raid him to find marijuana, they raided  
26 him because he was John Feckety. The same  
27 thing is going on -- there was an organization  
28 in Montreal called Contact. It attempted to  
29 help people who were strung up on drugs and  
30 who had any other kind of problem. John Drapeau





1 who is a political man, didn't like it, he  
2 didn't like seeing all those barefoot hippies and  
3 all those freaks and all those dirty people on  
4 his streets and he couldn't put a fence around  
5 them the way he can put it around a slum, so he  
6 sent the R.C.M.P. and Chief Gilbert and all his  
7 agents and millions around, who harrassed them  
8 and he harrassed them fine. I had a narcotics  
9 agent come into my house where I was living  
10 at the time, bullied his way around and when he  
11 couldn't get anything out of me, went upstairs  
12 and spoke to another individual and started  
13 asking him about the leaders of Contact. He  
14 rattled off the five principal figures in there  
15 and then the guy asked him, "Well, what are you  
16 asking me for", and he said, "Well you know  
17 they all smoke marijuana."

18 But John Drapeau wasn't talking  
19 about the marijuana, he was talking about an agency  
20 that was a threat to his conception of what  
21 Montreal should be, didn't like tourists coming  
22 in to see that.

23 THE PUBLIC: I think it is  
24 important, however, to mention, what the  
25 gentleman is <sup>saying is</sup> partly true, except that the Youth  
26 Clinic has sort of grown out of Contact and is  
27 very much in touch with what is going on in the  
28 streets and in the ghetto areas, and without  
29 commenting on what this gentleman is saying,  
30 I think he makes a point in that this is what we



1 consider the liaison to our existence.

2 We hope that the mental students for instance,  
3 who come down there, would acquire the experience  
4 that the surgeon mentioned earlier, that many  
5 doctors don't have now, or are not capable of  
6 handling drug problems when the kids are freaking  
7 out and later on when they are not freaking out,  
8 when they are trying to go straight, and when  
9 they say that they are getting paranoid and  
10 depressed and I think that -- well, as we have  
11 presented to our various mental schools, the  
12 need for these clinics, I would just like to  
13 re-emphasise this need certainly exists.

14 Thank you.

15 THE CHAIRMAN: Thank you.

16 THE PUBLIC: In any social  
17 group or organization. I was just making the  
18 point or the existence of marijuana use can  
19 be used by political organizations, vested  
20 interest as an oppressive device. You can  
21 see this in the United States. There is a  
22 chap named Martin Sosserin in New York who was  
23 set up by a narc, they put two joints on him  
24 and he was busted by the cops. He had a  
25 sentence range of one to ten, the charge, or  
26 the nine and a half minimum -maximum ten.  
27 That is political repression and there is going to  
28 be political cases in this country that are  
29 going to come up and I ask the Commission to  
30 recommend to the government something along the





1 lines -- in fact I would like you personally  
2 to recommend the legalization of marijuana  
3 so that we can get that thing out of the way  
4 because that is a matter that obviscates  
5 the issues and the vested interests in  
6 the power structure would use them to obviscate  
7 the issues.

8 THE CHAIRMAN: Thank you.

9 THE PUBLIC: I would just like to  
10 say one other thing. I mentioned that I have  
11 used several other kinds of drugs. I do not  
12 use amphetamines anymore; I do not use LSD anymore.  
13 the amphetamines to me were demonstrably bad,  
14 I used them twice, I was completely exhausted  
15 when I was finished, I felt that I got paranoid  
16 at times. I am -- I am aware -- you know,  
17 that my concern for myself as a human being, is  
18 that I -- my primary responsibility is to tend  
19 to my mental and my physical health. Marijuana  
20 to me is not demonstrated that I am losing  
21 my physical health nor my mental health.  
22 Amphetamines demonstrated that to me, and I  
23 acted that way about it. I stopped using them.  
24 I stopped using LSD because a body of evidence  
25 began appearing that suggested that I might be  
26 damaging my chromosomes. I have just heard  
27 from this gentleman that he has not found any  
28 evidence of chromosome damage where ingestion  
29 has involved pure LSD, but I am still going to  
30 wait. You know, I am going to wait. I won't



1 use LSD until I know for sure. But I know about  
2 marijuana. I have been using it for six years.

3 And that is -- to me, I feel  
4 that I know about that, and if you -- if the  
5 research -- I see that Mr. Munro is ready to supply  
6 marijuana to a competent panel of researchers to  
7 look into the physical -- the physiological and  
8 psychological implications of marijuana use.  
9 If that Commission finds that it is demonstrably  
10 harmful in any way, I am going to stop using it.  
11 I don't want to reproduce myself in the form  
12 of War babies.

13 And also I don't think that  
14 people should say that the youth is alienated  
15 because they use marijuana. People should say --  
16 I ask the people who ask me if I am alienated.  
17 I say, "Is there any reason you can't relate  
18 to me because I use marijuana or is it because  
19 of something else?" There is something more  
20 radical. I use that in a medicalological sense  
21 involved, and when somebody writes a letter  
22 which the newspapers faithfully print it on the  
23 front page about this young boy or -- I can't  
24 remember which -- or girl -- in Alberta, who  
25 committed suicide and wrote a letter saying --  
26 I am sure it never would have happened if it  
27 hadn't been for the grass -- I would like to  
28 ask if that kid would have committed suicide  
29 if she had other parents.

30 THE CHAIRMAN: Thank you.





1 THE PUBLIC: I would like to  
2 ask one straight question to everybody here:  
3 Which man on earth is allowed to judge a natural  
4 product when a man is a child of nature himself,  
5 unless pretention? Thank you.

6 THE PUBLIC: There is just one  
7 question I have for the drug user, and this is  
8 simply this: He said that he would continue  
9 to use marijuana until it was proven harmful.  
10 If it is proven harmful, what then?

11 THE PUBLIC: I would stop using  
12 it.

13 THE PUBLIC: What happens -- I mean  
14 it may affect your brain, it may do extensive  
15 damage. What will you do then? It will be  
16 rather late to find out, won't it?

17 THE PUBLIC: I base myself  
18 somewhat on a rather unorganized collection of  
19 empirical evidence. People have been using  
20 marijuana for years and years and years and years.  
21 Black people in the United States have been using  
22 marijuana for a long time, and if you are going  
23 to say that they are in the spot they are in,  
24 because they smoked marijuana, then you aren't  
25 going -- we are through with the radical analysis  
26 of what is wrong. Those people are alienated  
27 not because they smoke marijuana, not because  
28 they introduce some chemical into their body,  
29 which warps their minds and their inceptions.  
30 They are screwed up because the system is screwing



1 them up.

2 THE PUBLIC: I am not saying  
3 that, but what I am saying---

4 THE PUBLIC: I am saying -- to  
5 get back, I am saying, I don't feel that these  
6 people have been destroyed. I am looking at  
7 their community and I see it is a community --  
8 they are healthy. I know they have been  
9 using it for a long time. I know that people  
10 have been using it for a long time. I know  
11 parents who have given birth to children who  
12 are marijuana smokers and these children aren't  
13 abnormal, nor are they.

14 THE PUBLIC: What is the longest  
15 time you know of?

16 THE PUBLIC: Longest time?

17 THE PUBLIC: I mean as much as  
18 ten years or more, or could you say?

19 THE PUBLIC: Well, you mean  
20 people who I have known?

21 THE PUBLIC: No, people who have  
22 used this and have suffered no ill effects.

23 THE PUBLIC: I have known people  
24 who have used it all their lives.

25 THE PUBLIC: Is that many people?

26 THE PUBLIC: Are you asking  
27 names, sir?

28 THE PUBLIC: No, I am not. I  
29 am just asking for ---

30 THE PUBLIC: I know four I can





1 think of offhand. I might know some more if I  
2 sat down to think about it.

3 THE PUBLIC: I see. Thank you.

4 THE PUBLIC: I know four. I think  
5 there is a limit to the number of people I can  
6 meet. I have met a lot of marijuana users and  
7 we get along fine.

8 THE CHAIRMAN: Are the representatives  
9 of the University of Quebec here? Sorry, we have  
10 still got you on the list.

11 THE PUBLIC: I would just like to  
12 make a point to this gentleman right here. If he  
13 is afraid to deal with people who are marijuana  
14 smokers, because he feels that they are alienated,  
15 he had better not go down to his closest bank  
16 or he better not phone up his stockbroker, you  
17 had better not go to that lawyer if you need him,  
18 because they all smoke. I used to work in a  
19 bank for a few years, and like, people who smoke  
20 grass, knew I did. Like I didn't tell them,  
21 but I didn't<sup>need to</sup>/tell them. They came to me,  
22 because they felt I was their banker and like --  
23 my friend is a stockbroker and like people still  
24 deal with him, he makes a lot of bread because  
25 he knows how to make good deals for them. I  
26 just don't see how you feel these people are  
27 alienated by, you know, like everybody smokes  
28 grass, from the little freak hippy to the big  
29 boss in my father's company.

30 THE CHAIRMAN: Professor



1 Beaulieu?

2 PROFESSOR BEAULIEU: I am  
3 professor of science of education department.

4 Many persons have told me, among  
5 others, some of them yesterday, that the society  
6 that uses drugs is a sick society. I would  
7 agree with that, but on the other hand it doesn't  
8 mean that the users of the drug are sick. It  
9 means mainly that in a society such as ours,  
10 where there are separations between people where  
11 the social contact -- the communications are more  
12 and more difficult. The problems are such that  
13 the only few possible solutions are very often  
14 drugs.

15 The major solutions that were --  
16 we were able to find, were the escape from the  
17 problem, the computerization of the problem and  
18 the facing of the problem, and finally that  
19 special escape mechanisms that only the English  
20 have the proper name for, that is, meaning the  
21 rat race where people just run around and they  
22 work without exactly knowing what they are doing  
23 and what -- where they are going. The tendency  
24 of a society where all forms of pleasure is  
25 unacceptable unless it has been followed by  
26 sanctions, the euphonism then is not regarded  
27 as proper.

28 Of course we need some maturity  
29 that some people do not have, so the only -- they  
30 face their problems, so the only way to escape the  
problem is either by psychosis or neurosis or





1 the use of certain drugs such as tranquilizers,  
2 sleeping pills, heroins, sedatives, etc., which  
3 enable them to escape those problems.

4           However, it is possible to see  
5 that (inaudible) is something that has been tried  
6 through drugs. Marijuana, apart from giving a  
7 small feeling of escape, gives mainly a pleasure  
8 feeling, and this is something that the society  
9 doesn't agree with, the society doesn't seem  
10 to think that youngsters can have pleasure without  
11 having a hangover the next day, which is typical  
12 of alcohol. The LSD in some cases, might give  
13 the same kind of hangover. Of course the  
14 solution of the rat race which has been approved  
15 socially is quite -- is facilitated through  
16 drugs such as amphetamines and caffeine.

17           We never thought of making  
18 illegal the use of amphetamines, since they are  
19 in agreement with the criteria of our society.  
20 I would like to insist on the fact that the  
21 solution which is considered as being maturity  
22 solution, that is, facing our problems, can be  
23 helped through the use of LSD, and I might  
24 want to come back on that later on.

25           If we consider the major drugs  
26 used now, and what our legal attitude -- or the  
27 legal attitude should be, I believe that for  
28 nicotine -- I have discussed this problem with  
29 many persons who would like to see the enforcement  
30 of the law forbidding the sale of nicotine to minors.



1                   If marijuana is legalized I would  
2 insist on the fact that it would be stupid to  
3 dilute it with weak tobacco. Tobacco is habit  
4 forming, marijuana is not habit forming, so  
5 it would worsen the situation in fact. Then we  
6 might consider the possibility of doing some  
7 research on the dependence characteristics of  
8 some drinks like drinks with cocoa. Cocoa  
9 in some parts of the world is the major drug,  
10                   then  
11 and we might/find out up to what point there is  
12 a dependence problem for some persons.

12                   For alcohol the main -- the  
13 statute should be maintained, but I think that the  
14 medical profession should be more careful when  
15 they prescribe tranquilizers. Maybe the  
16 psychiatrist should take that into consideration  
17 more especially. Very often the tranquilizers  
18 heighten the problem. The patient can't  
19 face his own problem, can't solve it. As far  
20 as the amphetamines are concerned, it seems  
21 that if we consider the problems due to amphetamines  
22 now, we can see that there is a problem of  
23 dependence and other risks, so we should be  
24 more strict on the distribution of amphetamines  
25 as far as heroin, opiates and morphine, as  
26 was mentioned before, the main procession of  
27 those drugs should not be considered as  
28 illegal, but the distribution should be considered  
29 as illegal.

30                   Now, as far as marijuana is





1 concerned, having tried it myself, a long time  
2 ago, having decided that I personally prefer  
3 alcohol, if I wanted to choose a drug. I can't  
4 see the hysteria, I can't understand that  
5 hysteria and the panic shown by legislators  
6 in front of such a weak drug. This drug is  
7 so weak that it can't go -- can't have effects  
8 that would be more powerful than alcohol.  
9 I think a long time ago the legislators were  
10 wrong in becoming panicky. Since -- through  
11 their panic they thought that marijuana should  
12 be considered illegal, because it is dangerous,  
13 which is not the case. I think it would be --  
14 we have more hallucinations in the persons who  
15 do not use marijuana, but speak against it,  
16 than among those who use it.

17 Finally, as far as LSD is  
18 concerned, I would like to speak a little bit  
19 longer on that subject, having used LSD myself  
20 many times. I think it is quite important  
21 to get rid of the myths and the legends about  
22 LSD, and that many persons supposedly -- well,  
23 and the facts -- they still believe that it is  
24 obviously the functioning of LSD is not clear  
25 yet. There are three different theories on the  
26 functioning of LSD. Up to now it seems mainly  
27 that the reactions are -- the level of synopsis,  
28 that is the connection between two consecutive  
29 nerve cells where the sensitivity of transmission  
30 will be increased through a certain process,



1 and the given portion will go on in the vein  
2 or the rest of the nervous system will persist  
3 which will as a result of the amelioration or the  
4 increase in normal reflexes will help the  
5 normal perception, rendering the individual  
6 more sensitive to it. And if we consider the  
7 various theories the total result can be very  
8 interesting as well as very harmful. As far  
9 as the psychological point of view is  
10 concerned, I am not qualified to speak of the  
11 details, but I can say personally, and this  
12 is my own opinion, that I agree with Mr.  
13 Anton, I think there are no clear dangers now  
14 known concerning LSD.

15 As far as the harmful psychological  
16 short-term or long-term reactions are concerned. --  
17 there are some, of course -- we have to have  
18 control of the situation, and after a study  
19 made in the United States, it seems that the  
20 proportion of harmful effects of more than  
21 48 hours of the (inaudible)  
22 suicides, less than 1% of the cases treated not  
23 in the clinic -- this goes back to half of 1%  
24 when used in clinic. We should not forget  
25 that there is a lot of experience and the  
26 psychology that the doctors were looking for  
27 reactions of the LSD but had no experience in  
28 that field. As far as the long-term effects  
29 are concerned, that is psychosis or incurable  
30 psychosis, it seems that it could have-- it happens,

psychotic, it seems that it could have been a response.

are observed, that is, responses of various kinds.

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1 but it is noted also that it is quite probable  
2 that the persons should -- suffering from  
3 psychosis could have been -- those psychosis  
4 could have been detected before, because they  
5 had a morbid or psychotic personality. If  
6 we -- the LSD, the presence of LSD is rather  
7 surprising and in the matter of the cases, I  
8 think that I understood that the LSD acted in  
9 the same way as our corps and I have read in  
10 newspaper articles where we could talk about  
11 people, and LSD, and then -- in our corps,  
12 and the person who entered our corps were  
13 reacting stronger than the person under LSD.  
14 And this I can state from my personal experience.  
15 I have taken LSD. At the moment I was very  
16 tired, and I have had the normal effects of the  
17 LSD. Of course accrued sensibility of  
18 perception called a lighter and brighter and  
19 a tactical sensitivity is increased. It seems  
20 also that there is the radio which you hear  
21 in stereo. There is also a few distortions of  
22 the reality which are going to appear, but as  
23 far as I am concerned, I don't think, and  
24 I think from written works that a lot of people  
25 are -- agree with me on that. I don't think  
26 that the LSD should be named really as an  
27 hallucinogenic, because even if an individual  
28 to receive something which is not real, he  
29 would know and LSD, that it is not real. And  
30 of course it is also loss of the time which can



1 be -- could be complete in some cases, but  
2 however, we can consider LSD generally speaking  
3 as a clarifier, not only manual but tactile  
4 and intellectual, and there has been several  
5 research or qualified research which demonstrates  
6 that certain people which had to resolve  
7 certain problems in their work, tended to  
8 resolve them in a much better way and to LSD  
9 and this could be considered as a positive way  
10 of LSD. As far as communication, everybody  
11 I talked to and was under LSD, agreed to  
12 say that the communication between people  
13 are easier and deeper, not only verbally and  
14 more non-verbally which is now more of the  
15 interest to the psychologist. People are --  
16 who are using LSD have actually out ---complex  
17 psychologists, and this taking LSD is just  
18 a reflect as difference mechanism and this  
19 has an effect as to blurred reaction and LSD  
20 the person can't blur the emotional behaviour,  
21 and if there is a very big conflict at the  
22 outset, there will be a very bad trip, but  
23 for people in which the conflict is minor,  
24 there will be a very nice trip. But  
25 personally I was able to observe a few people  
26 which were complexed average frustrations  
27 where after having used LSD once have manifested  
28 complete modification of their personality,  
29 and in the right way, that is, that they would  
30 be able to enjoy more life which was their's, without





1 | having less capability in their work.

also

2 | We talk/about aggression and  
3 | violence and arrest. Firstly I never felt  
4 | aggressive under LSD. On the contrary, I know  
5 | no one I know was aggressive under LSD. We  
6 | can see in the newspaper reports that could  
7 | be -- people that could have become criminals  
8 | under LSD. I want to stress that if I wanted  
9 | to kill someone I rather do that in cold blood,  
10 | and then be able to say that I had -- that  
11 | I was under LSD and get a minimum sentence.  
12 | But that is why I dropped the validity of the  
13 | report given. We talk a lot also about suicides.  
14 | We talk about the doctors, Mr. Linkletter, which  
15 | hit the front pages, and personally I think that  
16 | if I -- if I was a doctor -- an exploiter of  
17 | children, I would really think of committing  
18 | suicide.

19 | The fourth thing is insomnia which  
20 | will probably persist after the end of the major  
21 | reaction in so far as the total duration of the  
22 | experiment LSD would be around fourteen to sixteen  
23 | hours, sometimes more. But there are  
24 | precautions to take, and if we want to take  
25 | some LSD, it is absolutely necessary for anyone  
26 | taking LSD for the first time to have a guide  
27 | at his side. I am not talking about a  
28 | competent guide, but I want to talk about a  
29 | guide who has already taken LSD and who could  
30 | be able to take three, because if I only speak three



1 hours about the effect of the LSD, it would mean  
2 nothing in regard as to the quantity of knowledge  
3 the guide could -- must have. And it doesn't  
4 mean to say that it should be intelligent, because  
5 some guides with university diplomas instituted  
6 as guide, but who had no experience in the  
7 matter had provoked very bad trip. Their  
8 control of the LSD should be done by individuals.  
9 Personally I push to the utmost because under  
10 the influence of 200 micrograms of LSD I  
11 allowed myself to go and see a friend of mine  
12 who knows the effect of LSD and during two hours  
13 he did not notice anything abnormal about  
14 my behaviour. We could let him know that I  
15 was under LSD. Then about two hours after I  
16 told him I had taken LSD and he didn't really  
17 want to believe it. And though -- so someone  
18 who is under LSD already having had the experience  
19 of LSD can control himself very well and he  
20 is capable of doing any work who needs -- which  
21 needs its attention, but of course the  
22 person with less experience of LSD is capable  
23 to avoid bad trips, because you just have to  
24 change of situation, and personally twice I  
25 had average bad trips.. In two cases it has  
26 no serious consequences and in both cases  
27 I had no difficulty in reassuring the situation  
28 As far as the positive usage of LSD I will  
29 talk about the recent research studies that  
30 have been done and which I am pressing enough

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1 to insure deep research on the effects of LSD.  
2 We talk about the treatment of alcoholism by  
3 LSD. Then I have heard/some research done  
4 by the use of marijuana in the treatment of  
5 alcoholism, but I have no positive point on that,  
6 but we have also to note the research that has  
7 been done on patients -- by patients,  
8 of observing LSD. And of course it was very  
9 strange enough, according to the fact that  
10 pain should be increased by the LSD. The  
11 patients say -- the patient taking LSD were able  
12 to accept the treatment very much better than  
13 -- and we were able to cut down the delusions  
14 and even not get them any more. But  
15 there is also another research now on the  
16 treatment of criminality rate by LSD. We  
17 have learned that people, hard criminal, hard  
18 core criminal treated by LSD have had less  
19 tendency to do a crime again than the others.  
20 And as far as creativity, there is a lot of  
21 proof which are not conclusive, but it may be  
22 said that the LSD tend of course to increase  
23 the creativity. Not under LSD itself,  
24 because the communication, effects of the LSD  
25 are very bad, but subsequently I know of an  
26 experience I -- an architect that had to build  
27 a mental hospital and who has introduced in  
28 that plan several major changes which were  
29 very good for the patient after having taken  
30 LSD.



1                   On the religious sector a lot  
2 of -- few priests have suggested to the parishioner  
3 to use LSD and there could be a lot of research  
4 done on the use of LSD on communication and LSD.  
5 The last point will be an individual point of  
6 view. Of course it is very difficult to know  
7 the different uses of LSD on the educational  
8 field, and several educators have said that  
9 LSD users are drop-outs which is true. But  
10 can we blame them? That is different.  
11 It is true that certain teachers are very  
12 dogmatic and are there to teach children without  
13 explaining anything to them, and I don't  
14 blame the drop-outs then. Perhaps the LSD  
15 brings to them more-- something more rational  
16 than the documentation of the teachers. I  
17 have been able to note among certain of my  
18 student user of LSD is that if the teacher  
19 is interesting and interested in his work,  
20 and if he is broadminded, the student has  
21 been -- have a tendency to be outer-motivated  
22 by LSD, and as far as the teaching is concerned,  
23 it is conceivable certain teachers could be  
24 helped by using LSD.

25                   In my case it has permitted me  
26 to think much more deeply on the lessons and  
27 the way I should teach. And personally I  
28 thought that it was beneficial. As far  
29 as legislation is concerned, when you consider  
30 the serious dangers of -- I think that this drug





1 should not be available to anyone who wants it  
2 since there are some dangers to it, but  
3 considering the various suggestions that have  
4 been made and the fact that we should have more  
5 research done on LSD, I would suggest that LSD  
6 be available for those who want it under  
7 medical prescription and this should be given  
8 to persons who first would have been volunteer  
9 for an experiment on LSD. Those persons then  
10 would have realized by trying it under medical  
11 surveillance the risks of LSD. Then they  
12 could go on using it if they want to, on the  
13 condition of course that they had a positive  
14 experiment. This, I believe, concludes my  
15 remarks.

16 THE CHAIRMAN: Thank you, Mr.  
17 Beaulieu.

18 It is now seven o'clock. We  
19 wanted to hear everyone. There are still some  
20 persons we wanted to hear. Mrs. Sally Nelson,  
21 would you like to come to the table?

22 MRS. NELSON: I will try to make  
23 this very brief. I know how late it is.  
24 The reason that I came, was because that I had  
25 read in the papers that the Commission felt  
26 that they hadn't heard enough from a section  
27 of the population, they hadn't heard enough from,  
28 was an ordinary middle-aged person and since I  
29 consider myself in that category, that is  
30 really why I am here.



1 I am a teacher, I have taught  
2 most of my life and I have taught high school,  
3 public school teachers and students I have  
4 taught at Dawson College. I am a parent of  
5 four children. I have smoked grass and hash  
6 in the last three years. I never did before.  
7 I do not smoke cigarettes. I drink only very  
8 mildly and socially. I have very few hangups  
9 that I know of. I don't think that I am  
10 terribly dependent or alienated and I don't  
11 feel more adjusted when I have smoked grass.  
12 I do it only in the same social way that I take  
13 a glass of wine at dinner or have a drink at a  
14 party. I do not feel that it is one of the  
15 great and beautiful experiences in my life.  
16 I simply feel that it is pleasant. I think it  
17 ought to be legalized.

18 The reason that I am here is  
19 because that I feel as a teacher and as a parent,  
20 I have a responsibility to speak to what I know,  
21 and what I know is that the laws as they  
22 are now, particularly about marijuana and hash,  
23 are so dangerous in what they are doing to our  
24 society and to our people, that nothing is more  
25 important than to get that change as fast as  
26 possible. The disregard for law will  
27 destroy society, and I feel very strongly not  
28 only in terms of the students that I teach, but  
29 from my own personal point of view, that when  
30 you begin to have a total contempt for certain of





1 the laws of society, and I feel that we have  
2 gotten into that situation now in terms of these  
3 particular laws, that it begins to destroy the  
4 very basis of society which is an agreed upon  
5 realization of the need for law in order to  
6 have society operate with the maximum of freedoms  
7 for all the individuals in that society.

8                   The -- we have a historical  
9 precedence for this, a noble experiment of  
10 prohibition and in the United States led to more  
11 difficulty than was envisioned by the idealistic  
12 people that thought of it at the time.     The  
13 criminals, that took over the supply and the  
14 demand that was felt by the ordinary citizens,  
15 made a great deal of money out of it.     That  
16 money is still affecting that society today.  
17 The criminals that made a great deal of wealth  
18 out of that traffic, have now managed to invest  
19 that in real estate, if you had read the papers,  
20 had managed to invest it in a great many things  
21 where they affected that society adversely.     I  
22 do not know of my own knowledge, but I do  
23 know that my students who have dealt, say  
24 that a year ago, September, the Mafia took over  
25 the trafficking of grass in this city, and  
26 that has led to a great many very serious  
27 problems.     There has been an artificial  
28 supply and demand situation that has then led  
29 to the use of other stronger drugs because  
30 the grass was not available.     There has been



1 juggling of the adulteration of the material  
2 itself. There have been a great many side effects  
3 that have been very bad indeed. I don't really  
4 think that we want to have great wealth made  
5 out of grass trafficking, and then other kinds  
6 of trafficking by criminal elements in Canada.  
7 I don't really think that is good for society.

8 My own feeling about the way  
9 in which you deal with things that have to do  
10 with the personal rights of the individual are  
11 that I agree with Thomas Jefferson who said that  
12 the best government is the government which governs  
13 least. I think there are certain things where  
14 the law has no right to be, in the bedrooms of  
15 the nation, in the personal use of drugs that  
16 do no harm to anybody except that person, if  
17 they do any harm to that person. I think it is  
18 perfectly clear, for example, that one of the basis  
19 of the hypocrisy that the young people feel  
20 about the society we live in, is that if you have  
21 a society that makes a lot of very stringent  
22 laws about something like smoking a joint  
23 that can put you in jail and destroy your future,  
24 and that society condones warfare and it condones  
25 nepotism, it condones the pollution of the atmosphere,  
26 it condones atomic testing in the Aleutians,  
27 it condones poverty and famine, it condones  
28 all kinds of things that are too clearly cruel  
29 and are clearly stupid. And then the  
30 government feels that the laws, that they

The first part of the paper is devoted to a general discussion of the problem of the origin of life. It is shown that the problem is one of the most important and most difficult in the history of science. The second part of the paper is devoted to a detailed discussion of the problem of the origin of life. It is shown that the problem is one of the most important and most difficult in the history of science. The third part of the paper is devoted to a detailed discussion of the problem of the origin of life. It is shown that the problem is one of the most important and most difficult in the history of science. The fourth part of the paper is devoted to a detailed discussion of the problem of the origin of life. It is shown that the problem is one of the most important and most difficult in the history of science. The fifth part of the paper is devoted to a detailed discussion of the problem of the origin of life. It is shown that the problem is one of the most important and most difficult in the history of science. The sixth part of the paper is devoted to a detailed discussion of the problem of the origin of life. It is shown that the problem is one of the most important and most difficult in the history of science. The seventh part of the paper is devoted to a detailed discussion of the problem of the origin of life. It is shown that the problem is one of the most important and most difficult in the history of science. The eighth part of the paper is devoted to a detailed discussion of the problem of the origin of life. It is shown that the problem is one of the most important and most difficult in the history of science. The ninth part of the paper is devoted to a detailed discussion of the problem of the origin of life. It is shown that the problem is one of the most important and most difficult in the history of science. The tenth part of the paper is devoted to a detailed discussion of the problem of the origin of life. It is shown that the problem is one of the most important and most difficult in the history of science.



1 must really enforce the laws, they must really  
2 worry about somebody doing something that  
3 harms society in no way, but if it harms anybody  
4 at all, it harms the individual person, and  
5 of course most of the drugs that we are talking  
6 about, particularly with marijuana and hash,  
7 there is no evidence whatsoever that it does  
8 any harm at all.

9 I would simply like to say  
10 that in terms of being a parent I feel that  
11 things like this again are part of the prerogative  
12 of the home. In the same way that when I was  
13 a child I was taught to drink by being given  
14 small glasses of wine at Christmas and New  
15 Years, so that when I was an adult I felt  
16 no glamour, I felt no rebellion about drinking;  
17 it seemed to me that it was a perfectly simple  
18 and straightforward and calm social thing.  
19 I did not feel that I was doing anything  
20 exciting by taking a drink. In the same  
21 way my children have smoked grass. My older  
22 children have done it with their friends  
23 because they are much older. My small  
24 younger child who is only twelve has smoked  
25 grass once, and that was on his birthday  
26 when he was visiting his sister in New York,  
27 and he was allowed to have a couple of puffs  
28 as a great birthday treat. I don't really  
29 feel the slightest bit worried about it.  
30 He is a very sane, adjusted child and I don't think



1 he is going to suddenly, you know, go turning  
2 on all over the place. As a matter of fact, he  
3 has plenty of opportunities because he spends  
4 a great deal of time with older people, because  
5 he is the youngest in the family and he has  
6 never had the slightest interest in it.

7 My middle aged daughter has  
8 never smoked grass, because she says it is  
9 because she is only fourteen, she really  
10 thinks she is not the slightest bit interested  
11 yet.

12 It is perfectly clear also  
13 that at some point she will feel like it, and  
14 in the same way presumably she is going to be  
15 somewhat interested in liquor. She may be  
16 interested in sex, but that really is something  
17 that is her own personal business, along with  
18 her parents' business. It is not <sup>the</sup> business  
19 of a narcotics agent; it is not a business of  
20 society. She is doing no harm to anybody.

21 I would like to speak of  
22 personal knowledge, having been at McGill for the  
23 last couple of years for the political aspects  
24 of the use of the law. The people who are  
25 busted are not people like me. I -- you know,  
26 if you are smoking with all of your friends,  
27 and believe me, when I say there is no one that  
28 doesn't smoke grass. Bank presidents and  
29 lawyers and doctors and everybody that I know.  
30 Professional people in New York and California,





1 in Montreal. I don't know anybody that has  
2 not. The only deterrent that the law has  
3 been to me is that I don't buy it because I  
4 am scared stiff of being put in jail and having  
5 my job taken away and having my career destroyed,  
6 but that does not mean of course that I am  
7 not going to smoke it if under safe conditions  
8 in somebody's home <sup>if it</sup> /is offered to me, of course  
9 I am going to smoke it. I simply would like  
10 to say that I know that the people who do get  
11 busted, are people that are being busted  
12 for entirely different reasons. If I go  
13 back and forth across the border or the  
14 members of the Commission go back and forth  
15 across the border, we are not searched. Our  
16 bodies are not searched. Our cars are not  
17 searched. We look straight, we look safe,  
18 we look respectable, we are part of the  
19 establishment, we have obviously got money,  
20 we are obviously respectable and everyone  
21 leaves us alone. But it is our kids that  
22 are being mistreated. It is our kids when  
23 they go across the border, are stripped and  
24 searched. My daughter, for example, makes  
25 jewellery. She carries bags of little  
26 beads and little things and some of them are  
27 natural seeds and they go to the trouble of  
28 getting some expert on seeds to come from  
29 Montreal out of Dorval Airport in order to  
30 see that they really are marrow beans and that they



1 are not something you can get psychedelic on.  
2 I find this deplorable. I see no reason why  
3 Patty should spend two hours at Dorval Airport  
4 having somebody come out and look at the seeds  
5 that she makes necklaces out of. I am very  
6 aware of the fact that if you are politically  
7 involved, if you live in a co-op in the student  
8 ghetto and you have been involved in a Citizens'  
9 Committee, if you have been working as an  
10 (inaudible) with some of the people who are  
11 trying to let people know of their rights and  
12 what our own laws are, who are trying to improve  
13 the poverty, trying to improve the situation  
14 between tenant and landlord, those are the  
15 people who get busted. Before the McGill Francaise  
16 march, the co-op that my college daughter lived  
17 in was busted over and over again, and sometimes  
18 in the daytime when nobody was home and nobody  
19 knew how they got in, but the place was  
20 searched when they got home. I don't really  
21 think that we ought to have laws that can  
22 be mistreated in that way without paying a  
23 terrible price, and the price we pay is contempt  
24 for law and the price we pay is the destruction of  
25 society. And I feel very strongly about law  
26 and I feel very strongly about being responsible  
27 and self-disciplined and I feel very responsible  
28 indeed in terms of being a parent and  
29 being a teacher and I cannot honestly tell my  
30 children, and I cannot honestly tell my





1 students that the laws as they are now, work  
2 for the benefit of society or work for the  
3 benefit of the individual.

4 Thank you.

5 THE CHAIRMAN: Thank you.

6 THE PUBLIC: I don't have a  
7 question to ask, I think that is beautiful and  
8 I hope that you can share that with more people  
9 like my parents who don't accept or understand.  
10 And I am just elated at what is happening.  
11 I am just so happy with everybody, they are doing  
12 so much, and especially the Commission who have  
13 so much patience and understanding, and guidance,  
14 and I hope that we, the young, and I consider  
15 myself the young, I consider you the young,  
16 can be able to do something to create a liaison  
17 in this gap which really isn't a generation gap,  
18 it is just a love gap and an understanding gap  
19 which I hope can be filled with love, which is  
20 one of the only things that we can do. And I  
21 am sorry I am showing so much emotion, but  
22 it is welled up the whole day, and I know that  
23 it is taking so much patience  
24 and guidance and understanding and spiritual  
25 devination from this Commission to be able to  
26 do what they are doing with so much devotion  
27 and patience and understanding. And I hope  
28 that we can do the same thing in order to  
29 promote better laws, better understanding,  
30 more love and just a better society so that the



1 youth will not rebel in the way that they  
2 are doing, and that there are more parents like  
3 the woman that just spoke that can understand  
4 what their children are feeling and so that  
5 the children as a result from their moral  
6 upbringing can feel exactly the same way  
7 toward their elders and try to understand  
8 what they are doing and in this way I think  
9 that there will be a lot -- a greater communication,  
10 not only between families and friends, and  
11 older people and younger people, but also  
12 between nations, and it will help to dispel the  
13 violence that people are feeling.

14 And I sincerely believe and  
15 I must say that abolishing marijuana laws will  
16 be also a great part in promoting better  
17 understanding, and more creativity and creating  
18 a better nation and to create a better world  
19 and I hope that pollution and sewage and  
20 all the malevolent upheavals of our society  
21 now can be overruled by a better society and  
22 by a greater understanding between these people.  
23 And I just want to say thank you to the  
24 Commission, thank you to Health Minister John  
25 Munro and thank you to the people who are  
26 showing us some concern in trying to dispel and  
27 get rid of this gap and this violence and this  
28 misunderstanding.

29 Thank you.

30 THE CHAIRMAN: Thank you.





1                   The last name that I have on  
2                   our list is the McGill students.   Are they still  
3                   here?

4                   THE PUBLIC:   Excuse me, sir, I  
5                   would like to say something.   The last two people  
6                   who spoke, it was like real and beautiful what  
7                   they said, and I think that there are many many  
8                   Canadians who feel that way, who like really don't  
9                   know how to get up and say that, you know.  
10                  Like, you know, you people seem to be just great  
11                  and I just hope that like, you know, you can  
12                  do something for the people who are in jail,  
13                  especially for the people who are in jail,  
14                  because, like, they don't deserve to be there,  
15                  and just like -- I mean, after six months, like  
16                  you have to give you -- you have to speak -- give  
17                  your report, I just hope that maybe after  
18                  six months you will be able to help these  
19                  people out who are in jail right now.

20                  THE CHAIRMAN:    Would you  
21                  introduce yourself and your colleagues, please?

22                  MR. McPHERSON:    We are  
23                  some of the organizers of the conference which  
24                  took place at McGill yesterday, on psychoactive  
25                  drugs.    I have prepared a brief which is  
26                  drawn up from that conference which I will read  
27                  to you now.    The McGill conference on  
28                  psychoactive drugs was held on the afternoon  
29                  of November 7 at McGill University.   The  
30                  purpose of the conference was to educate the McGill



1 University of all aspects of the non-medical use  
2 of drugs . It also served our opinions and  
3 determined constructive resolutions which could  
4 then be presented to the committee. This is  
5 not intended to be a medical or professional  
6 brief, rather its purpose is to present a  
7 concensus of opinions based on the arguments  
8 and research of the qualified analysts  
9 present. The resolutions and the recommendations  
10 included in this brief are sincerely felt by the  
11 organizers to be in compliance with the attitudes  
12 of the substantial majority of approximately  
13 1,000 participants who were there. We  
14 realize that any conference are of such numerical  
15 dimensions it is impossible to determine the  
16 attitudes of each individual present, in order  
17 that as many persons as possible could express  
18 their opinions, the conference was broken up  
19 into small discussion groups towards the end of  
20 the meeting.

21 Separate resolutions were drawn  
22 up. It is important to note that the resolutions  
23 appearing forthwith were all included in each  
24 of the reports submitted to us by the  
25 discussions group leaders. Whether or not  
26 we should go so far as to say that these comments  
27 represent the student body from McGill University  
28 as a whole, it is debatable. It depends  
29 solely on whether or not one wishes to accept  
30 the one thousand or so students present at the





1 conference as being a true cross-section of the  
2 University.

3                               There is a statement  
4 by Maurice (inaudible) a Montreal criminal lawyer.  
5 He said, "No law should cause more social damage  
6 than it is designed to prevent."

7                               Secondly, an equally important  
8 point that was overwhelming agreed up, was that  
9 no person using any drug could be classified a  
10 criminal.       It is an extremely rare situation  
11 in which a person uses a drug, expressly for  
12 the purpose of causing injury to himself or  
13 society.       Precisely the situation which  
14 laws are enacted to prevent.       These two  
15 fundamental attitudes strongly in mind, the  
16 following recommendations to the Commission  
17 are set down.

18                               Number one, that the use of  
19 marijuana and hashish be legalized, possession  
20 of the drug must not involve criminal penalties.  
21 All evidence presented today points to the  
22 relative harmlessness of these drugs.       Marijuana  
23 is probably the least damaging of drugs popular  
24 among youth today as Dr. Unwin has often stated.  
25 The stipulation which will govern the legalization  
26 will be the imposition of a legal age limit  
27 on the drugs used, say eighteen years.  
28 Also drugs thus legalized should be distributed  
29 only through official government outlets to  
30 ensure their constitution and purity.



1                   It was further agreed that should  
2 the present law be relaxed to only misdemeanour  
3 proportions, this would not eliminate the activity  
4 of the harmful underworld connections with the  
5 drug.       Resolution two, that a moritorium  
6 be established on all cases involving the use  
7 of non-addictive drugs, in other words, that  
8 no such cases be tried without the consent of  
9 the accused and until such time as the Commission  
10 has completed its report and Ottawa has considered  
11 and acted upon the issue.       Because the future  
12 of the law is in a state of flux, its present  
13 validity and its present enforcement should be  
14 suspended.

15                   Resolution three, that any new  
16 laws which may appear as a result of your  
17 recommendations   be made retroactive.       Similarly  
18 the striking of any present law should be likewise  
19 made retroactive.       Thus accompanying our  
20 recommendation to legalize marijuana would be  
21 one urging the release of persons serving terms  
22 of imprisonment, the reimbursing of any fines  
23 imposed, and maybe destruction of all criminal  
24 records compiled as a result of the previous  
25 prohibition of the drug.

26                   Resolution four, that no user  
27 of any drug be liable to criminal prosecution.  
28 It is futile to try to rehabilitate people  
29 through punishment.       Drug use and misuse does  
30 not involve criminals, but oftentimes people with





1 problems who need medical or social help, not  
2 legal persecution.

3 Resolution five, that rehabilitation  
4 facilities be financed by the Federal and  
5 Provincial Governments to weigh those individuals  
6 who are using hard drugs.

7 Resolution six, that those  
8 accused of trafficking of hard drugs, namely opiates,  
9 amphetamines and cocaine be prosecuted under  
10 criminal law. By trafficking we are to mean  
11 the intentional sale of the drug for profit.

12 Resolution seven, the Research  
13 Institutions be set up again financed by the  
14 government for the continual examination of all  
15 drugs, old and new.

16 Resolution eight, that intensive  
17 research be done to the effect of LSD and  
18 psilocybins so as to eventually put an end to the  
19 conflicting opinions that now surround the drugs

20 Until such research is complete,  
21 all legalization of these drugs should be undertaken,  
22 and the trafficking involving these drugs be  
23 considered a criminal offence.

24 Resolution nine, that a far-  
25 reaching effect of educational program be  
26 initiated to make all members of Canadian society  
27 aware of all aspects of drug use. With respect  
28 to youth, this would probably be most effectively  
29 carried out in the schools at the secondary level.  
30 Adult education would have to rely on the mass media.



1 It cannot be stressed enough that the only way  
2 to eliminate the use and existence of harmful  
3 drugs is through massive education, and  
4 secondarily through the repression of traffickers.

5 In conclusion, we the organizers  
6 of the McGill conference would simply express  
7 our faith in the Commission to play a meaningful  
8 role in the reorientation of governmental  
9 policies and attitudes with regard to the use of  
10 drugs in Canada.

11 Before you ask any questions,  
12 if you have any, I would like to state quite  
13 clearly that all the organizers disassociate themselves  
14 with any remarks derogatory of this Commission  
15 made by Professor Spector of this conference.

16 THE CHAIRMAN: Thank you very  
17 much. Are there any questions or comments on  
18 this brief?

19 Well, if not, I declare these  
20 Montreal hearing terminated. John? Excuse me?

21 DR. UNWIN: Sorry, Mr. Chairman.  
22 I have no mandate to say this, but I, as  
23 perhaps a member of the Establishment, would  
24 like to reflect what these two young people  
25 have said about how impressed I have been, with  
26 the absolute attention you have given to every  
27 person who has spoken to you since you have  
28 been in Montreal. This is irrespective of  
29 age, of appearance, of opinion. I feel  
30 enormously heartened by this. I think perhaps





1 today someone was saying, "How can young people  
2 use constructive dissent?" I think they have  
3 done it here today, by speaking to you people.  
4 I also think that maybe the main difference of  
5 opinions and attitudes towards -- between adults  
6 and young people, is summed up in a cartoon  
7 I saw recently where at a cocktail party a  
8 youth offered a joint of marijuana to an older  
9 person, and the adult said, "No thank you, no  
10 marijuana for me.. I intend to get drunk like  
11 the good Lord intended me to."

12 Thank you very much, sir.

13 THE CHAIRMAN: Thank you for  
14 all the help you have given us. Thank you very  
15 much. Good night.

16 ---Upon adjourning at 7:30 p.m.  
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